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The Shriners' Hospitals

A General Outline of the History of the Founding of the Shriners' Hospitals for Crippled Children

BY FLORENCE J. POTTS, R.N.

SEVERAL years have now elapsed since the Ancient and Arabic Order Nobles of the Mystic Shrine conceived the idea that good might be accomplished in this broad America, if the attention of all Shriners were directed to the surgical care of crippled children. The story of how the idea was evolved and presented to the Order and the enthusiasm with which it was received are now matters of history, but it may be of interest to those who are not familiar with the work to give a brief outline of this great charity.

SAID a little child, watching a pathetic cripple cross a street: "Do you suppose God made him straight and something happened?"

Nowhere is there a finer effort to restore a birthright than that of the Shriners.

The Forty-sixth Annual Meeting of the Imperial Council, Ancient Arabic Order Nobles of the Mystic Shrine, was held in Portland, Oregon, in June, 1920. Hon. W. Freeland Kendrick of Philadelphia was at that time Imperial Potentate of the Shrine. At the meeting of the Imperial Council held in Indianapolis the year before, Mr. Kendrick had introduced a resolution that the Shrine undertake the establishment of a centrally located home where unfortunate children of North America might find a haven under the protecting wing of the Shrine. This proposal had been tabled at Indianapolis, but Mr. Kendrick resolved to bring it up again at Portland.

In the meantime, as Imperial Potentate, Mr. Kendrick, who had long been identified with a Masonic Home in Philadelphia to which he had given much time and thought, had visited most of the leading temples in America and had discussed with the members the Home idea. He had found that while some of them were opposed outright to his plan, and some indifferent, a few temples would acquiesce and support him enthusiastically if he would change his idea of a home to that of a hospital. This was done and a resolution was adopted authorizing the establishment of a hospital for crippled children to be supported by the members of the Mystic Shrine of North America on an annual per capita basis, and to be known as

the Shriners' Hospital for Crippled Children.

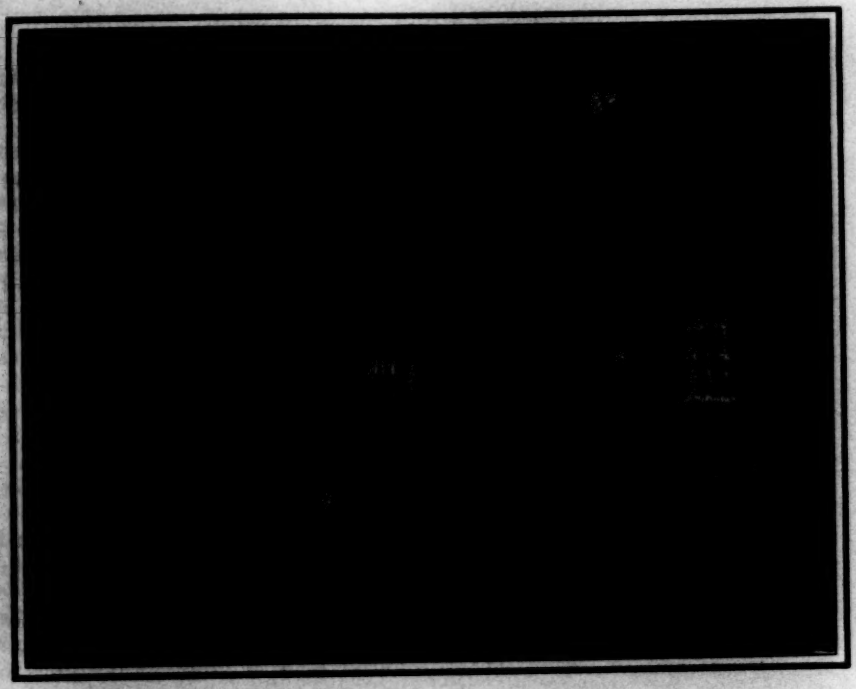
Upon Mr. Kendrick's recommendation, a committee of eleven was appointed to select a site, secure plans and specifications, and arrange for immediate action in regard to all details in connection with its establishment. What more beautiful tribute could be paid the Imperial Potentate and what more appreciated gift could be given to the man who thought of and proposed this project on his 46th birthday than helping helpless children? When the committee was first appointed the members had but vague ideas as to the exact nature of the needs, requirements and operative scope of a hospital for crippled children. Each one had in his mind some idea of a large building where about one or two hundred crippled children could receive treatment and otherwise be properly cared for, but with small appreciation of the real difficulties and the great amount of work involved in such an undertaking.

As investigation proceeded, it was learned that the proposition to establish a modern hospital involved many phases of work, and its scope broadened into unexpected but most attractive fields. It was also discovered, upon investigation of existing institutions, that a modern successful hospital must not only provide beds and food, but it also required qualified and efficient medical and surgical staffs, especially trained groups of graduate nurses, physiotherapists, occupational therapists, school teachers, etc., and that special departments such as X-ray and laboratories must be established for carrying on research work.

It soon became apparent to the Committee that the character of the work proposed to be done by the Imperial Council under its resolution, to be made really effective and beneficent, should be distributed over a very large portion of their jurisdictional domain, with the result that the building program called for immediate construction of hospitals in the following cities: Shreveport, La., Twin Cities (Minneapolis and St. Paul), Minn., San Francisco, Cal., Portland, Oregon, St. Louis, Mo., Philadelphia, Pa., Montreal, Que., Springfield, Mass. —the bed capacity ranging from 50 to 100 beds. In addition to the above locations there have been organized what are termed mobile units in Honolulu, T. H., Spokane, Washington, Salt Lake City, Utah, and Winnipeg, Manitoba, each having a capacity of from twenty to twenty-five beds, and special arrangements were made with the trustees of already existing hospitals where every facility was available for carrying on the work efficiently in the more sparsely settled sections of their jurisdiction.

In the enthusiasm of the movement of launching this great crusade, few realized the magnitude of the attempt that was to be made or the difficulties which would confront it. It seemed only a matter of detail to the great meeting in Portland to establish a vast organization which would in a few years stamp out this great curse among children. None realized, with the exception perhaps of the medical members present, that this was an evil which could never be entirely stamped out and that the battle must go on forever. It speaks well for the courage and devotion to the cause, that the Board of Trustees of the Shriners' Hospitals for Crippled Children did not quail before the task that lay before them when they realized the enormous difficulties of the problems.

A close association with crippled children and a thoughtful consideration of the causes which bring them to the hospital have impressed most forcibly the fact that medical science, great though its accomplishments and wonderful its advances in the past fifty years, is only in its infancy so far as this problem is



Ward in One of the Shriners' Hospitals for Crippled Children

concerned. A glance at the lists of patients in our hospitals will show that more than 50 per cent of the children are there because of the ravages of infantile paralysis. This dreadful disease sweeps over our land with what appears to be an ever increasing frequency and leaves in its trail thousands of crippled children for whom only a partial recovery is the best that medical science can promise.

It was a realization of impressive facts such as this, that led the Board of Trustees to enlarge on the original intention of the hospitals and to establish a department of research. What a victory it would be if the cause of infantile paralysis could be discovered and the disease stamped out as has been done with yellow fever and typhoid fever. With the establishment of the department of research in connection with the St. Louis Unit, the Shriners' Hospitals for Crippled Children have joined with the schools and other foundations in the battle with disease.

Several lessons have been learned since the inauguration of this great charity.

First. The survey of the country and the experience of the individual hospitals have shown that the number of crippled children is enormously greater than was suspected. Clinics have been held in cities and towns where ten times the number of patients were brought for examination than were supposed by the physicians and health authorities to exist in the community.

Second. Our short experience has shown that in spite of the wonderful accomplishments of medical science, many of the patients can be improved only to a degree which is considerably short of a cure and in order that this improvement may be maintained, the continued attendance of the patients at the clinics is essential. That this is appreciated is demonstrated in the fact that the number of patients attending the Out Patient Department has increased so materially that the

enlargement of this department has been necessary in several Units.

Third. The past few years have shown that the surgical treatment of the crippled child differs materially from that of other patients in the matter of time. A case of appendicitis enters the hospital, is operated upon and is back in his home in a fortnight or two. The treatment of deformity, of paralysis, or of tuberculosis of the joints, on the other hand, always occupies months and many even drag on into years. The number of patients passing through our hospitals therefore must necessarily be small when compared with that of a general hospital.

These hospitals form not only a place for the treatment of patients, but are looked upon as teaching centers to the end of the advancement of knowledge in this branch of surgery and the broadening of this field of service.

Requirements for Admission

THE child must, upon examination by the Chief Surgeon, be found to have normal mentality, a condition which can be cured or corrected to such an extent as to render the child self-supporting in after life, and the parents must be unable to pay. These hospitals are not primarily for Shriners' children, as appears to be the general impression, the broad principles upon which they are founded will be understood when it is pointed out that religious creed, and fraternal affiliations do not enter into the question. No time limit is placed upon any child's stay in the hospital. It is treated according to its needs as discovered by the surgeon. The aim is to place at the disposal of these little ones, whose parents or guardians cannot afford to pay for them, the best hospital facilities and professional talent the country affords. Experience has taught us that the period of convalescence in orthopaedic conditions is a slow process, and it is realized that the time would pass more quickly for the boys and girls if the educational, vocational, and recreational side of the work were developed. Obviously our responsibilities are not being met if the child is given the benefit of the best surgical treatment and if nothing is done for his advancement along educational lines.

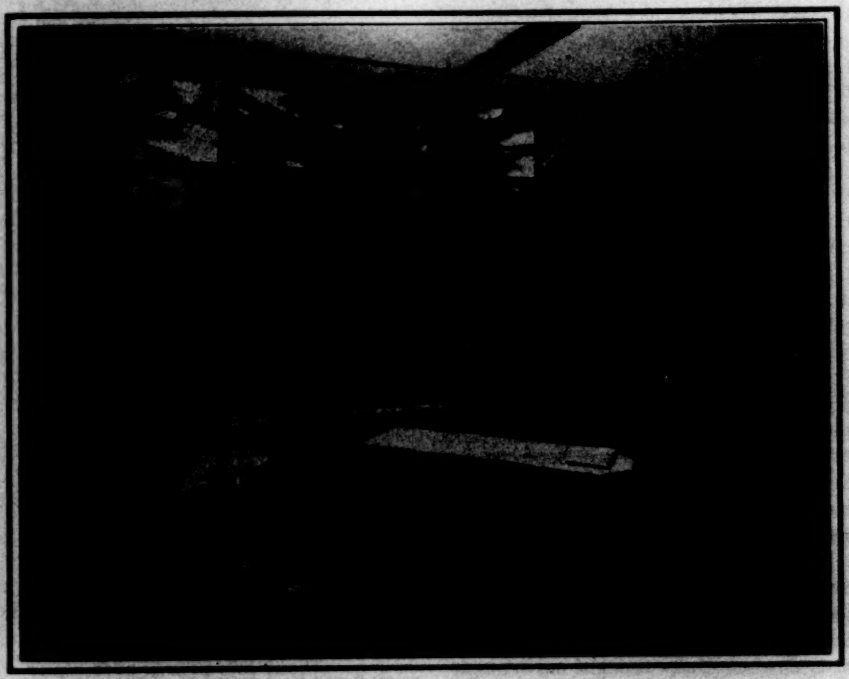
The board of education in almost every locality where the Shriners' Hospitals are located maintain at least one teacher in each Unit, who is qualified to teach from kindergarten to the eighth grade. The work conforms as closely as possible to that in public schools, in order that children of school age may continue their regular studies. Boots and braces are supplied whenever necessary, and a complete set of new clothing is provided for each patient upon discharge from the hospital.

In many cases parents refrain from seeking surgical assistance for their children because of the fear of surgery and hospitals; such cases can only be reached by the patient efforts of the physicians and social workers, so the Shriners' first concern is with the parents of the crippled child. Many children are frightfully neglected and thus often handicapped through life; almost all cases if taken in time can at least be greatly improved if not cured, and most children are able to take up the duties of life, but there are some few exceptions and in such cases, where a cure can only be partially effected, the first duty of the representative member is to establish faith and sympathy between the parents and the hospital. The importance of early treatment cannot be over-emphasized. Sometimes it is not necessary to keep a child in the hospital during the entire period of treatment, but he must return for treatment decided upon by the surgeon, this makes a second duty upon a representative member of the Shrine who must ensure the return of the patient on the exact date arranged by the surgeon.

The Nursing Service

ORGANIZING an efficient graduate nursing staff for the various Units is a most difficult task. Applications

are received from nurses most of whom are graduates of outstanding schools of nursing in America, but the majority of whom have little or no knowledge of orthopaedic work. It should be borne in mind that the efficiency of hospitals such as compose this group depends to a very great extent upon the nursing care given to these crippled children. Most of these women have had a few lectures with very little emphasis placed upon the importance of the subject, and the amount of practice received on the wards is practically negligible. When we stop to consider how important it is for a nurse to understand the reasons necessitating the careful handling of these patients, to say nothing of the importance of their having a thorough knowledge of the proper application and the adjustment of braces and various other appliances which play such a large part in the recovery of the patient, there is no doubt as to the need for this special training. When one hears of, and sees the number of preventable deformities resulting from the lack of knowledge of this work, she is immediately impressed with the importance for more interest and concentrated effort in placing in the curriculum as much importance on this branch, as on other branches of nursing.



A View Outside the Operating Room of One of the Hospitals

There are nine major Units and four mobile Units in operation. In four of this group, the nursing is done by student nurses from Schools of Nursing in connection with general hospitals; in the remaining number, the routine nursing, such as bathing patients and taking temperatures, is done by attendants

under the direct supervision of graduate nurses.

Last year the Superintendents of the various Units of the Shriners' Hospitals for Crippled Children held their first meeting in Chicago at the same time the Board of Trustees held their meeting. The Trustees showed intense interest in the work done by the Superintendents and their kindly advice and coöperation was most helpful. At this meeting all phases of the work were discussed with much satisfaction and benefit to all concerned. It is the intention to hold these conferences at stated periods, and because of the great distances, it is hoped arrangements can be made for these meetings to be held simultaneously with one of the hospital or nursing national organizations in order to receive the benefit of either one. Some original work is being done by the graduate nursing staff in the hospitals, and next year we hope to be able to demonstrate some of their ideas from the standpoint of orthopaedic appliances.

At present there are eighty graduate nurses engaged in the work throughout the various Units. The resident life of the nursing staff in these hospitals has been most carefully thought out. Single rooms, with a bath between each two rooms, are provided for the graduate nurses. The undergraduates or attendants, as the case may be, have single rooms with running water in each room, and one large bath room generously supplied with bath tubs and showers. The living rooms are furnished not only comfortably, but most attractively, every consideration being given to the comfort of the nurse during her time off duty.

1. *Organization.* The Hospitals organized include the following:

The Board of Trustees whose members reside in widely separated parts of the United States and Canada meet every three months in localities where Shriners' Hospitals for Crippled Children are, or are about to be established.

2. *Board of Governors.* In each locality where one of these hospitals is established, there is a local Board of Governors, elected by the Board of Trustees.

3. *Advisory Board of Orthopaedic Surgeons.* The Board nominates the Chief Surgeon of the various hospitals to the Board of Trustees, they advise and make suggestions to the Chief Surgeons of the Hospitals in accordance with their high ideals and conception of the work.

4. The Director of Nursing, together with other duties, directs the nursing of all the Shriners' Hospitals for Crippled Children and is the authorized means of communication between the Nursing Department of each hospital, the Board of Trustees and the Advisory Board of Orthopaedic Surgeons.

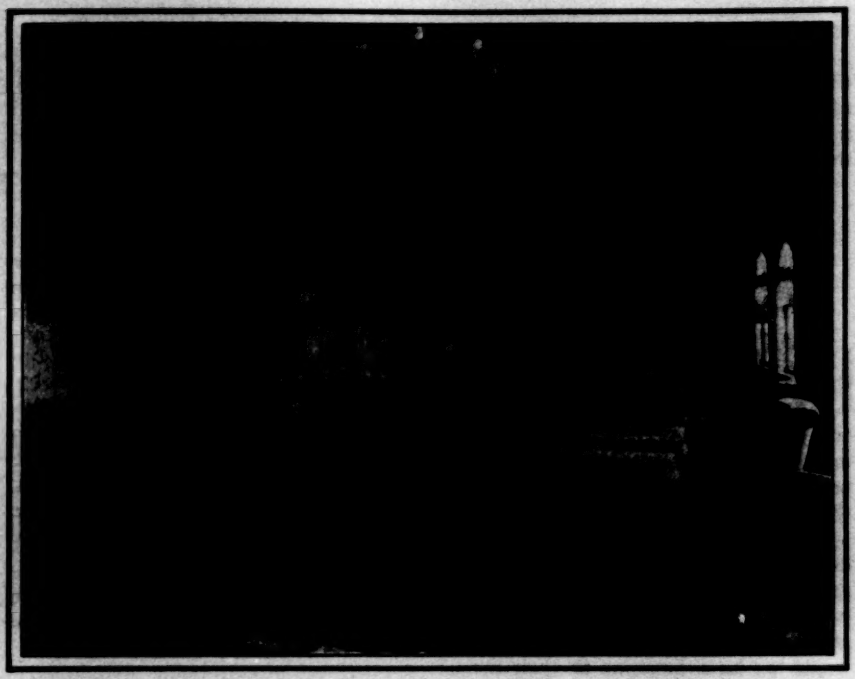
5. *Staff.* Each Unit is staffed as follows:

Chief Surgeon, Assistant Surgeon, Resident Surgeon, Superintendent, who is a graduate nurse, Assistant Superintendent, graduate nurses in charge of the wards and various departments, physiotherapists, occupational therapists and school teachers, X-ray and laboratory technicians.

The Woman's Auxiliaries play a very important part in the organization of this group of hospitals. They are organized for a definite piece of work and there is a distinct understanding that no woman can be a member of the auxiliary unless she is willing to assume her share of responsibility in making the auxiliary a success.

An auxiliary in connection with one of the Units has what is known as an Investigation Committee, composed of three members, whose duty is to follow up and see that members of the various committees are carrying on the duties assigned, and are present on the days allotted to them.

One auxiliary although in its infancy, raised $5,596 within a very short time, and supplied 4,465 articles including clothing, victrolas, piano player, radio, electric fans, wheel chairs, articles which



NURSES' LIVING ROOM IN ONE OF THE SHRINERS' HOSPITALS

will give pleasure and benefit the child generally.

Groups are appointed to look after the different forms of entertainment. For instance, there is a birthday committee whose duty it is to find out the birthday of every child upon admission to the hospital. Little surprise packages are always in readiness to put on the patient's tray to greet him on the morning of his birthday.

Marked on each package is the name of the girl or boy and the age, each is given a birthday cake and party in the afternoon. This Committee is also responsible for special days, such as Christmas, Easter, Halloween, etc. Entertainments are always in the afternoons between half past two and half past four.

Nine major hospitals are now functioning in the various localities, with approximately 675 occupied beds. Another mobile Unit in Lexington, Kentucky, will be opened about the first of October and a fifty-bed Unit in Greenville, S. C., sometime during the early part of 1927.

This hospital scheme is a most important project because it links a practical humanitarian plan, the vision of a group of men with unselfishness of character, breadth of vision, understanding the needs of thousands of unfortunate children. This unique spirit shown by the Shriners throughout North America in erecting these hospitals offers a peculiar opportunity for the development of altruism in the highest sense. The most impressive thing about this undertaking is the extraordinary spirit which animates every person connected with the work. It arouses an enthusiasm because we see the possibility of realizing a hope that lies deep in the hearts of all lovers of mankind. The children manifest a cheerfulness and courage

which are a standing rebuke to many who are inclined to be pessimists. Of all the great charities of the world what one has so great a claim on the sympathies of men and women as the charity that has for its care little ones who through misfortune cannot help themselves?

Kindness to Psychopathic Patients

By Katharine McLean, R.N.

HOW OFTEN do we consciously or unconsciously commend people in whom children instinctively place their confidence. Has it not occurred to you that those of us in psychiatric nursing may be judged in the same way?

Did we consider our patients as children, as easily influenced, as suddenly antagonized, as resentful of broken promises, and with minds as impressionable and memories as retentive as theirs, would we have lingering in their memories moments of neglect, unkindness or impatience?

A continuous and regular dropping of water on a wall will eventually break it down. Have you ever caught a catatonic after months of speaking to him day after day, as you made your regular rounds, watching for you out of the corner of his eyes? Or have you, when a depression has seemed fixed for weeks, surprised out of them a responsive look, perhaps a half smile? Is there any greater satisfaction?

But it is for our excited, disturbed patients I would plead at this time, that we show them no fear, no impatience, no unkindness, that though they seemingly cannot hear our voices, for their own, we speak wisely before them, that we always try gentleness before restraint, and if restraint is necessary, that it may be kind.

There is nothing that so arouses the fighting instinct, made up of rage and hurt, as being locked in a room alone. An entirely different effect is given by a person holding the door shut. We know that many patients, after they are well, will never forget nor forgive a locked door. Could we remember that the most violent patients are often the most curable, we would guard against these vividly unpleasant memories.

Eyesight Conservation

THE Eyesight Conservation Council of America makes the following startling statements which are of special significance to the school and industrial nurses who are in a position to assist in the program of conservation:

"Of the 42,000,000 persons engaged in gainful occupations more than half are handicapped by defective vision or eye strain. A still more startling estimate indicates that out of 24,000,000 school children 10,000,000 suffer from visual defects, most of which could be corrected.

"Taking statistics from another angle, we learn that nine out of ten persons over 21 years of age have defective sight. In other words, only one person in ten enters upon adult life with normal vision, and beyond 21 years the number decreases until at 40 years it is almost impossible to find an example of perfect sight.

"This organization is collecting and circulating information on the various angles of eyesight conservation. It particularly urges universal eye examinations of industrial workers and school children in city and rural schools."

Hyperthyroidism

By James W. Sherrill, M.D., and Martha E. Davis, B.S.

THE signs and symptoms produced by overactivity of the thyroid gland were undoubtedly recognized several hundred years ago, and as early as 1710 operative procedures were carried out for goiterous conditions. Desault, in 1791, was the first French surgeon to remove portions of the thyroid. Up to 1883, only forty-five goiter operations had been performed in the United States, with a mortality rate of 12.5 per cent. This high death rate probably accounts for the rather slow advance in surgical endeavors for many years and the substitution of medical treatment until the more recent improvements in surgical technic. In 1922, two American physicians reported a series of fifty cases of exophthalmic goiter treated by medical means alone, and of the fifty nearly all showed spontaneous recovery within a period of three years. Such is not the experience of most physicians, and nearly all are agreed that surgery is necessary in a very large percentage of exophthalmic goiter patients. Careful medical treatment for several weeks previous to surgical operation is now recognized as essential. Undoubtedly some mild cases recover spontaneously.

Goiter is the term applied to diseases of the thyroid which have produced changes in the normal anatomical structure of the gland. The changes which take place may affect different structures within the gland; that is, there may be an increase in the colloid material only, or there may be generalized enlargement of all the structures of the gland, or there may be localized increase restricted to one or more isolated areas of the gland.

The chief function of the thyroid is the formation and secretion of an active principle "thyroxin." One of the constituents of thyroxin is iodine. Kendall, in 1914, was the first to isolate it as a pure chemical compound. A certain amount of thyroxin, viz. about 14 mg., is constantly present in the body under normal conditions, and about 3 mg. is discharged by the thyroid in each 24 hours. The purpose of thyroxin is to regulate the processes of chemical change within the living cells of the body. An excess of thyroxin accelerates the oxidation of materials within the tissues, thereby increasing the metabolic rate, and producing a condition which we know as hyperthyroidism. Hyperthyroidism occurs in one of two ways: First, the administration of overdoses of thyroxin or thyroid extract; secondly, pathological states produced by overactivity of the thyroid gland. Hyperthyroidism is characterized by loss of weight, sweating, tremor, fatigue, tachycardia, nervousness, prominence of the eyes, and increase in the metabolic rate.

The commonest classification of diseases of the thyroid is as follows: Simple or colloid goiter, adenoma without hyperthyroidism, adenoma with hyperthyroidism, exophthalmic goiter, inflammations of the thyroid,, myxedema, cretinism, deformities or anomalies of the thyroid and malignancy. Simple goiter is one of the most frequent forms of thyroid disease and is familiar to all by the characteristic enlargement of the gland. It is assumed that enlargement of the thyroid is a compensatory mechanism on the part of the gland due to its effort to supply thyroxin, an iodine compound, to an organism which is already deficient in iodine. Adenoma of the thyroid is a toxic condition which is really a sequella of adenoma without

hyperthyroidism; in other words an individual may have adenoma of the thyroid for many years, usually 10 to 17, when suddenly the gland begins to overfunction and hyperthyroid symptoms and signs develop. The gross appearance of the adenomatous gland is quite different from simple or colloid goiter. In the latter condition there is a general enlargement throughout the gland, while in the former small diffuse nodular areas are found in the gland. The toxic symptoms bear very little relation to the actual increase in the size of the gland. Exophthalmos may or may not be present in adenoma with hyperthyroidism. Exophthalmic goiter is differentiated from adenoma with hyperthroidism by its sudden onset. Loss of weight, exophthalmos, tremor, tachycardia, nervousness and fatigue may develop within the course of a few days. Prominence of the eyes with staring is very characteristic. The metabolic rate in adenoma with hyperthyroidism is usually much lower than in exophthalmic goiter.

Myxedema is a condition in which there is an absence of the internal secretion of the thyroid. The resultant symptoms are the reverse of those of hyperthyroidism, viz., increase in body weight, stupor, mental dullness, dry skin, slow pulse and low metabolic rate. The remaining thyroid conditions in the classification are of little importance from a metabolic or dietary standpoint.

As early as the first part of the 17th century, experiments were carried out to determine some of the phenomena of body weight regulation. It was observed that the body weight of the average individual varied but little from month to month, in spite of the large amount of food ingested as compared with the total excreta. In 1614, Sanctorius tested the existing theory of "insensible perspiration," that is, the energy dissipated as heat from the body. An old wood cut shows Sanctorius seated in a chair suspended from one arm of a carefully balanced beam. After partaking of a meal until the balance was exactly level he remained quiet and noted that after a time the end of the balance on which he was seated slowly rose. This "insensible perspiration" we now recognize as the exhaled carbon dioxide and water produced continuously by the burning process in the body.

The body weight is one of the most important indices to improvement and progress in hyperthyroidism. Since the basal metabolism is elevated, the relation between the food intake, food requirement, energy expenditure, and body weight must be given careful consideration. The basal metabolic rate is the measurement of the amount of energy expended by a person at complete bed rest. Just as the thermometer is of value in determining the temperature of the body, so is the metabolic rate of value in determining the energy produced by the resting body. The test is made at least 14 hours after a meal. Normal persons expend a definite amount of energy during a given period, and this amount depends upon the age, weight, height, sex, food intake and exercise. To meet the demands of the energy expended, a certain number of food calories must be taken in or else the individual will burn his own body tissues. This of course means loss of body weight. When calories in excess of the basal energy requirement are ingested there is coincident gain in body weight on account of the storage of the excess food. Storage is principally in the form of fat and carbohydrate.

The amount of energy expended by a resting person, or the number of calories consumed, may be calculated by means of standard tables, for various ages, sexes, heights and weights. Extra calories must be added if the person is up and about or working. The number of

calories added to prevent loss of weight depends upon the type of work. For ordinary persons this ranges from 40 per cent to 60 per cent. For instance, if the number of calories consumed by a given individual in 24 hours at bed rest is 2,000 calories, a diet of 2,800 to 3,200 calories is necessary while at work to prevent loss of weight.

Patients with hyperthyroidism show constant elevations in basal energy requirement. Experiments have shown that it is sometimes necessary to increase the caloric intake from 80 per cent to 100 per cent above the basal requirement in order to maintain the patient's weight. It is therefore evident that a large amount of food must be ingested by the hyperthyroid patient to fulfill the increased basal energy requirements and a still greater amount to supply material for gaining in body weight.

An example of the excessive amount of food required by the goiter patient to maintain weight as compared with the normal individual, serves to emphasize this point. In the case of a normal young woman, age 28, height 5 feet, 6 inches, weighing 136 pounds, 1,592.8 calories daily are required to maintain body weight. If she is up and about and carrying on light vocational duties, the daily caloric requirement must be increased by 50 per cent or 2,389.2 calories. In the case of a goiter patient of the same age, height, sex and weight, with metabolic rate 40 per cent above the basal level, it is necessary to increase the caloric intake by 40 per cent on account of the increased metabolism, and approximately 100 per cent in addition, or 4,459.8 calories to maintain weight. So it is evident that a larger amount of food must be taken if weight is to be gained.

The advisability of the use of large amount of protein in goiter cases was the subject of much discussion for many years. Formerly it was contended that vegetable and milk proteins were preferable to meat proteins, but it is doubtful whether there is any difference between the various types. Some physicians prefer to restrict the use of protein on account of its specific dynamic action, but in general the majority are agreed that it should be given in very liberal amounts. By specific dynamic action of protein is meant the stimulus to metabolism and increase in oxidation within the body following protein feeding. All foods taken into the animal body are finally oxidized and energy is liberated in the form of heat. The amount of heat generated depends not alone upon the quantity of food oxidized but upon the kind. Many years ago Voit noticed that in the fasting individual, carbohydrate food increased the heat metabolism slightly, fat to a greater extent, while protein increased the expenditure to a very marked degree. Rubner showed that carbohydrate feeding raised the metabolism in the dog 5.8 per cent, fat 12.7 per cent and protein 36.7 per cent. Oxidation processes within the body are increased only a few hours in the case of carbohydrate and fat feeding, protein produces an increase which lasts for 18 to 24 hours. In the treatment of patients with hyperthyroidism it is highly important to administer sufficient protein to meet the needs of the body requirements and improvement will result provided adequate total calories are given in addition.

The application of proper diet is probably the most important requirement for successful management in hyperthyroidism. Improvement in symptoms, such as decrease in nervousness, lessening of sweating, and decrease in tremor comes about with gain in body weight following forced feeding. It is especially important to force the carbohydrate element of the diet, since it is the easiest to assimilate. Preformed carbohydrates,

in the form of sugars, jellies, candies and high class carbohydrate fruits and desserts should be forced to the limit. The fat requirement should next be satisfied; and here cream probably heads the list as the most useful article of diet. Very few goiter patients understand the meaning of a high calory diet when they present themselves at the hospital. The dietitian holds an unique position in the successful management of the case, for she is able to teach the patient the relative values of foods and to help differentiate the useful foods from the non-essential. The majority of patients coming to the hospital have been advised to take a liberal, generous diet and in their way they have tried to carry out the instruction, and only too frequently do we find that they have lost steadily in weight and strength on diets which they have prepared. They tell of drinking large quantities of milk, fruit juices, and partaking liberally of vegetables and patent food preparations. Milk, on account of its high water content, is probably the least valuable of all our common foods.

The following case which came under observation a short time ago illustrates what may be accomplished from a medical standpoint.

Mrs. B, age 33, was admitted on June 7 complaining of nervousness, sweating, tremor of the hands, weakness, palpitation of the heart and loss of weight. She had always been robust and healthy and had spent the greater part of her life out of doors in Colorado and Montana. She had three healthy children. A sister, three years older than herself, had been operated upon four months previous for goiter and had improved since. Mrs. B's average weight was 145 pounds; height 5 feet, 4 inches. Twelve months ago she first noticed enlargement of the neck, and a few days later palpitation of the heart, nervousness and weakness. Shortly afterward, the eyes became prominent. The symptoms increased and within three months the weight decreased to 137 pounds. She was kept in bed for 2 months. The diet consisted of large amounts of milk, vegetables and fruits with ordinary foods in normal quantities, except meat which was omitted entirely. During the period of bed rest she failed to gain in weight but on the other hand, lost one or two pounds. The nervousness and palpitation improved slightly. Operation was not considered advisable by her physician. After being up for a month, she began to lose weight rapidly; ten pounds were lost in the two months preceding her admission on June 7. The eyes became more prominent, palpitation and sweating increased, and the pulse rate at times exceeded 140; she was restless and highly nervous. It was evident that thyroidectomy should be performed but the patient was in too critical a condition to consider operative procedure at this time, and medical treatment was instituted, preparatory to surgery. She was unable to explain the rapid loss of weight in view of her excellent appetite and a liberal diet which she considered excessive. Metabolic rate performed on July 8 was plus 72. The pulse on admission was 144. She was questioned carefully as to her previous diet, resume of which is shown in Table I, and it may be noted that although it is a liberal diet in one sense of the word, it is essentially a low calory diet. On the basis of this patient's age, height, weight and sex it may be determined that 1,482 calories are required to maintain her weight at bed rest did she not suffer from hyperthyroidism. This does not take into consideration extra calories for growth, repair of tissues and gain in body weight. So it falls far short of the extra requirements demanded by the elevated metabolic rate of 70 per cent. Contrast her previous diet in Table I with that given her following admission (Table II). On high calory feeding, the basal metabolic rate dropped to plus 18 on July 2 and the weight increase to 134 pounds. Operation was performed the following day and her previous complaints have disappeared. High calory feeding, with forced carbohydrate and fat, offers the best means of controlling hyperthyroidism from a medical standpoint and is indicated in all goiter cases preceding operation. It has served to decrease operative mortality.

The most valuable drug in the treatment of goiter is tincture of iodine. It is well known that there are certain regions in the United States and particularly in Switzerland where goiter is endemic. The frequency of the disease in these localities is attributed to the deficiency of iodine in the water supply.

The specificity of iodine in exophthalmic goiter was inadvertently noticed by a French physician, Trosseau, in 1863. He was consulted by a young woman on account of an enlargement in the neck, and the usual symptoms of exophthalmic goiter. He made repeated examinations and found that her pulse rate ranged from 140 to 150 per minute. It was customary to use tincture of digitalis for the disease. Through error he wrote a prescription for tincture of iodine instead of tincture of digitalis. He prescribed twenty drops a day. She returned after two weeks and he was surprised to find the pulse only 90. It was then that he discovered his mistake. He then substituted tincture of digitalis and after another two weeks the pulse had returned to 150. Tincture of iodine is not indicated in toxic adenomatous goiter; but it is of unquestionable value in simple and exophthalmic goiter. The dose ranges from 20 to 100 minims a day depending upon the severity.

Iodine is best given in the form of Lugol's solution, a solution containing iodine and potassium iodide. The operative and postoperative mortality of exophthalmic goiter has been remarkably decreased during the past four years by careful administration of Lugol's solution. In May, 1923, Plummer called attention to the importance of the use of iodine previous to thyroidectomy in exophthalmic goiter. It is now employed almost universally by all surgeons. There is marked improvement in symptoms within 24 to 48 hours after beginning administration. The patient becomes quiet and composed; the pulse rate drops steadily; there is less stare and exophthalmos; the skin loses a great deal of its high color, and vomiting in the severe cases is readily controlled. The most striking thing is the remission in the metabolic rate. The maximum fall is reached within 7 to 12 days; then it begins to increase again and may rise to the original point. The rapid improvement in the patient's physical and constitutional condition is almost as striking as the relief of severe acidosis in diabetes following the use of insulin. If iodine is given in adequate amounts and for a sufficient period of time preceding operation, the mortality rate is reduced almost to nil, as are the acute post-operative exophthalmic goiter crises commonly seen in former years.

It is highly important that exophthalmic goiter be differentiated from adenomatous goiter with hyperthyroidism, for in the latter condition iodine should not be used. The condition is made worse, the basal metabolic rate increases, tremor and tachycardia are more in evidence and persistent vomiting may result. The use of iodine is also contra-indicated in adenomatous goiter without hyperthyroidism, since it may bring on signs and symptoms of hyperthyroidism.

One of the most important requirements in the medical care of the goiter patients is a quiet, restful, harmonious environment. Adequate sunlight and air are essential. Many patients improve quickly when brought into the hospital and completely isolated for a few days from their over-anxious relatives and friends. All foci of infection must be eradicated. General hygienic measures are important, particularly the care of the teeth.

It is hoped that this paper will serve to call attention of the nurse and dietitian to the necessity of understanding food values and of the importance of encouraging the goiter patient to take large quantities of food. In the majority of cases, moral persuasion is a great factor. The nurse should learn not to take "No" for an answer when the patient remonstrates against taking food which the appetite may not particularly demand.

Table I

A very pleasing, palatable diet, but it contains too many low calory foods and inadequate total calories.

Food	Grams	Pro.	Fat	C.H.
Breakfast				
Sugar	20	--	--	20
Milk	200	6	8	10
20% Cream	100	3	20	5
Butter	10	--	9	--
Orange juice	200	--	--	24
Cantaloupe	150	1	--	15
Puffed rice	15	1	--	12
Eggs	1	7	6	--
Broiled bacon	15	3	6	--
Toast	40	4	--	24
Lunch				
Milk	200	6	8	10
Orange juice	200	--	--	24
Butter	20	--	17	--
Tomato salad	100	1	--	3
Mayonnaise	10	--	9	--
Fresh apricot	100	1	--	13
Whole wheat bread	30	3	--	15
Summer squash	100	1	--	3
Turnips	100	1	--	7
Lamb chops	80	18	16	--
Dinner				
Milk	200	6	8	10
Pickle, cucumber	33	--	--	1
Butter	20	--	17	--
Lettuce salad	66	1	--	2
Tapioca cream	100	4	10	21
French dressing	20	--	15	--
White bread	30	3	--	17
Spinach	100	1	--	3
Carrots	100	1	--	9
Potato	100	2	--	18
Broiled ham	100	20	12	--
Total	---	94	161	266
Total calories	---	--	---	2889

Table II

A suitable diet for the hyperthyroid patient.

Food	Grams	Pro.	Fat	C.H.
Breakfast				
Sugar	20	--	--	20
40% cream	100	3	40	4
Butter	30	--	26	--
Orange juice	200	--	--	24
with sugar	30	--	--	30
Grapefruit	100	1	--	5
with sugar	30	--	--	30
Oatmeal (weighed dry)	25	4	2	17
Eggs	1	7	6	--
Broiled bacon	30	6	12	--
Orange marmalade	50	--	--	43
Toast (white bread)	40	5	--	24
Lunch				
Cherry preserves	50	--	--	38
40% cream	100	3	40	4
Lettuce and asparagus salad	100	1	--	3
Mayonnaise	20	--	17	--
Fresh peaches	150	2	--	14
Sugar	30	--	--	30
White bread	40	4	--	22
Carrots	100	1	--	9
Fried rabbit	100	24	4	--
Fat for frying and seasoning	40	--	40	--
Butter	20	--	17	--
Dinner				
Pineapple preserves	50	--	--	38
Orange juice	200	--	--	24
with sugar	30	--	--	30
Date and nut pudding	100	9	14	53
Custard sauce	50	2	7	6
Whole wheat bread	40	4	--	20
Corn, stewed	100	3	1	20
Baked potato	150	3	--	27
Broiled halibut	100	19	5	--
Fat for frying and seasoning	40	--	40	--
Butter	40	--	34	--
Total	---	101	305	535
Total calories	---	---	---	5289

The Rockefeller Foundation in 1925

THE activities of the Rockefeller Foundation will be read with zest by those who like "thrillers." Indeed some of its authentic health and educational activities as recorded in Doctor Vincent's Report for 1925, remind one of the wizardry of "Twenty Thousand Leagues under the Sea." The spending of $9,113,730 through the agency of its various departments is in itself a romance to those who seem never to have enough money to execute their programs.

Of nursing, Doctor Vincent says:—"Whatever the solution of the nursing problem, one thing seems certain. There will, in any event, be a need for able and thoroughly trained women as administrators, teachers, and supervisors. It is this training of leaders in countries in which coöperation in public health or medical education or both is being given that primarily appeals to the Foundation."

Rocky Mountain Spotted Fever—an Unusual Malady[1]

By R. R. Spencer, Surgeon, and R. R. Parker, Special Expert,
United States Public Health Service

DURING the past two decades, no more interesting study, in the field of medical research, has been presented to investigators than that of Rocky Mountain Spotted Fever. This disease, with its many as yet unexplained characteristics, has provided an alluring subject for man's inborn attraction to the unknown and mysterious.

The Growth of Knowledge

ROCKY Mountain Spotted Fever has been known to exist ever since the Northwest United States was settled by white people. So far as a specific remedy is concerned, the white man has not yet improved upon Indian methods, but he has gradually acquired a group of facts which has at least removed the affection from the realm of superstition.

The first mention of the condition in medical literature may be found in reports of army surgeons at frontier posts to the Surgeon General. At that time, all knowledge of the fever was very hazy. Some called it a mountain form of typhoid fever; others regarded it as a type of malaria. It existed also under numerous names such as black measles, bull fever, blue disease, snow water fever, etc. . . .

In 1906, Dr. Howard Taylor Ricketts of the University of Chicago began his investigations and he has probably added more to our knowledge of this curious affection than any other man. Ricketts found infected ticks in nature and proved that the tick *(dermacentor andersoni)* could transmit the disease from animal to animal by its bite. He established the fact that guinea pigs and monkeys were very susceptible to the disease and that horses and other domestic animals were immune. These observations made possible a laboratory study of the disease, since the virus or living poison could now be kept continually passing through susceptible experimental animals.

Origin of Spotted Fever

PEOPLE are often curious regarding the original source of the spotted fever infection and it must be admitted at once that nothing of its ultimate origin is known, any more than is known of the origin of any other disease organism or parasite. Here, as in many other instances, there has probably been a gradual adaptation of the organism until finally it became incapable of surviving under any but the specific conditions provided by the body of the intermediate host (tick) and the animal host (rodent). As far as man is concerned, however, the immediate source of the infection is the tick which is known to be a strictly obligate animal parasite which has never been found, despite the most careful observations of the entomologist, to ingest any food other than animal blood. . . .

Geographic Distribution

SPOTTED fever has never spread far beyond the confines of the Rocky Mountain region. Idaho reports more cases each year than any other state, though the disease is prevalent in Montana, Utah, Wyoming, Washington, Oregon, Nevada, Colorado, northern California and northern New Mexico. A few cases of uncertain identity have been reported from British Columbia and Alaska, and several well authenticated

[1]Excerpts from an unpublished manuscript.

cases from the extreme western portions of North and South Dakota. . . .

Virulence

BESIDES this unusual distribution of the disease, there is still another closely related and unexplained characteristic of the fever—the localization of virulence. As commonly known by those familiar with the situation, the mortality rate in certain areas maintains the high level of 80 to 90 per cent. In fact, strains of the disease from such localities are the only ones recovered, so far, that can be used in laboratory experimentation. . . .

The Disease among Wild Rodents

SPOTTED Fever is only accidentally a disease of man. It is known that most wild rodents are susceptible, but with them it is never as fatal as among human beings.

Prophylactic Measures

RICKETTS was the first investigator to show that the blood serum of recovered animals possessed protective power. When a cubic centimeter of spotted fever serum was mixed with the same quantity of serum from a recovered rabbit or guinea pig, and the whole inoculated into a fresh animal, no fever followed. The serum will protect if given at any time during the incubation period but it has no effect after symptoms develop.

Of course, the best protection against spotted fever is to avoid tick bites and, generally speaking, there are two classes of people who contract the disease:

First, those who are careless and do not take the trouble to remove ticks from their persons. For this reason alone, many children are stricken. A tick does not attach to a person at once but usually seeks some protected place such as the back of the head or neck, or some place where it will not be irritated by clothing. Moreover, the majority of those ticks which possess the virus are not capable of infecting immediately, and experiments have shown that an infected tick may be attached for two days before the virus has been sufficiently activated to infect the host.

The *second* class of people who contract the malady are those whose occupation takes them into infested areas: hunters, lumber jacks, etc., who refuse to believe in the tick transmission theory.

Some of these people have died of the disease after living in infected localities for more than twenty years. So one can see that the chances of contracting the fever are not great, especially in the case of those who are careful to avoid the tick infested areas from March to July. The infection persists only in wild mountainous areas or uncultivated sage brush country where small animals are abundant. Whenever the land is cleared and rodents eradicated, the ticks and the disease automatically disappear. Nevertheless, it will be a long time before the disease is eliminated in this way for there are thousands of square miles of wild mountainous country and unirrigated, non-cultivatable, sage brush plains where the enemy is securely entrenched.

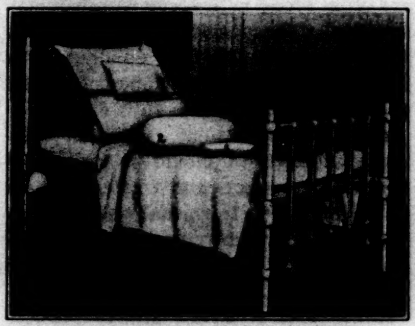
Recently, a vaccine has been prepared from the infected ticks themselves, which may help in reducing the prevalence of the disease. This vaccine is made by grinding and macerating the ticks in physiological salt solution and killing or attenuating the infected material with one-half of one per cent phenol. Over 800 people in the infected areas have received injections of the prophylactic which is known to protect laboratory animals. Its value as a protection for people remains to be determined.

WHEN consideration is given to the humanitarian aspects of the thousands of blinded persons throughout the United States, many of whom are innocent victims whose condition has resulted from the two preventable diseases, syphilis and gonorrhea, the need for the vigorous prosecution of active measures for the control of these diseases is even further emphasized.

—*U. S. Public Health Service.*

Adaptability

THE simple equipment pictured herewith may be improvised in any home, so too may the small pillows, which, in the hands of a skillful nurse so admirably demonstrate the fine art of nursing to the patient with weary back, tired muscles, or aching joints. We are sometimes asked if nurses trained in the new hospitals with their splendid equipment of adjustable beds and other modern devices are as adaptable as those of an older day. To which we answer, the sensitiveness of a good nurse to the discomfort of a patient, resulting in an eager search for methods of relief, is a timeless thing that is woven into the very fabric of the profession.



EQUIPMENT USED FOR PUTTING PATIENT UP ON BACK REST

No. 1. Air Cushion No. 2. Knee Cushion

—From the Johns Hopkins Hospital

The Value of the School as a Case-finding Agency

BY LILLIAN M. ALEXANDER, R.N.

WHEN arranging my program for special training for public health work, I was assigned three subjects and given the privilege of selecting others for the course. Those assigned were: Psychology, Sociology and Social Science. I could readily see why Psychology and Sociology were important, but I felt that Social Science was an imposition, for I had always considered Social Work uninteresting.

I found Social Science a very difficult subject, but I began to see its value a little more clearly when I started field work under trained social workers; yet it was not until the discussion of family case work that I realized its full value. I found that the study of this subject was well worth while, for on completing my course I was assigned to service in an isolated rural community where needs for every phase of social work were presented almost daily. In looking back over the experiences and problems of various fields, I realize the full value and importance of Social Science for public health nurses.

The fields of public health nursing and social service are so closely related that at times they overlap, hence the inestimable value of close coöperation for both organizations. While it is not always true, it is often found that maladjustment and poverty are the result

of prolonged health problems, such as are often found in histories of tubercular families. The public health nurse has an opportunity to find children with tuberculosis, and also tubercular suspects, and to get them into clinics for complete examination. Children seriously underweight should be considered tubercular suspects and treated as such until brought up to normal weight. One familiar with tuberculosis knows well that incipient tuberculosis in children is often overlooked, and that even in advanced cases it is not always possible to get a positive test. The case is often so far advanced when noticed, that the entire family has been exposed.

The school presents an ideal point of contact for family case work. Through it we have the opportunity of obtaining much valuable information. The principal gains information through the pupils and from parents who visit the school; the teachers are generally well informed, since they visit in the homes and are familiar with home conditions; the school medical examiner, while doing the physical examinations, frequently runs across and recognizes cases which he has handled in the free clinics; the public health nurse has access to unlimited information which has been compiled by various social agencies; the social service exchange, the juvenile court records, truancy records of the public schools, clinics, and hospitals. Church records are sometimes of value since most large churches now employ full time social workers.

There is generally no difficulty in obtaining information if the case is not a new one. In new cases, not known to social agencies, information gained at school, in the community, and through visits in the home, serve as excellent starting points. The neighborhood grocer can generally supply valuable information, or business organizations in the community, especially furniture store proprietors. Sometimes the poor appearance of the child indicates to the nurse that family adjustment is necessary, and she has the opportunity of investigating the family while visiting in the community.

The value of physical examination for school children cannot be over-estimated, for here we have records of all children from kindergarten age through high school. Through baby health centers, held at a large number of schools, records of infants examined are available. We are all familiar with the sad-eyed, hungry looking, dangerously underweight child, who never has money with which to purchase a school lunch. It is nearly always found that these children are suffering from various physical defects, and are in need of dental attention. They show definitely the lack of proper building material, extending over a long period of time, sometimes from birth. The history often reveals the fact that the mother is never very well, and sometimes there is a sick father also.

Both nurse and teacher realize the value of close study of the child at school. The weight and height, according to the age of the child, are an index to health; and a study of mental growth is made possible by the intelligence tests. Here also is afforded the opportunity of studying the child's behavior which is nearly always of valuable diagnostic value.

With the child's health record, the nurse is ready for her follow-up work in the home. If she has a pleasing personality, poise, and tact, there is generally no difficulty in obtaining the confidence of the family, particularly that of the mother if there is a small child or infant in the home. The mother readily tells the nurse her problems, and correct analysis of the family can generally be made without difficulty. It has been fully demonstrated that constructive

public health nursing cannot be accomplished without contact in the home.

In conclusion I feel sure that close coöperation of all public health and social agencies is most desirable, since it gives a deeper understanding of each other's problems and makes for more efficient service to the public at large. It is often the means of saving hundreds of dollars to the city, for by clearing families through the social service exchange families are prevented from receiving aid from several agencies, a practice which tends to encourage pauperism.

Social Hygiene and the Nurse[1]

By John H. Stokes, M.D.

(Continued from the September Journal)

The Detection of Syphilis and Gonorrhea, and the Interpretation of Tests

Modern laboratory procedure has done much to improve the technic of identifying syphilis and gonorrhea, much more as it happens in the case of syphilis, than in that of gonorrhea. In the detection of gonorrhea, we are largely dependent upon the finding of the gonococcus by the microscope in smears from discharges, or in material obtained from the seemingly quiescent and even normal-looking glands at the entrance to the genital tract. To provoke a discharge from the urethra, to massage out a secretion from the prostate or the seminal vesicles, and find gonococci in the pus threads, is most of the diagnosis in the male at all stages. Repeatedly negative smears after massage and the passage of sounds at intervals of several weeks, is a fair test of cure. The culture of the organism in blood media is gaining some headway as a critical test. There is a complement fixation or blood test for gonorrhea, but none of the authorities seem inclined to trust it, and seem disposed to believe that the proportion of false results is high. In the woman, as I have said, all signs fail. Repeatedly negative smears from the urethra, Bartholin's glands and the cervix, may be followed by an acute flare-up later, or by a typical gonorrheal complication following later pregnancy. It is well for the nurse to know that a leukorrhea does not mean a gonorrhea, necessarily, and that the common mixed infection of the cervix which gives many women a cervical discharge, while it may follow gonorrhea, is not gonorrhea itself and will not transmit gonorrhea to the male or even result in complications in case of pregnancy, unless gonococci are present. Moreover, a woman may have a gonorrhea without a cervical or a urethral discharge, and the external signs may fail while the internal signs are positive. Also to be remembered is the fact that not every diplococcus or double-celled organism found in a vaginal smear is a gonococcus. The recognition of the Neisser organism under the microscope requires expertness, and too many women have been condemned to the belief that they had gonorrhea and to treatment for it, on an amateur decision that their vaginal secretions contained gonococci. Of the early diagnosis of gonorrhea in the male, it may be generally said that microscopic diagnosis is necessary, as is microscopic control of the treatment. This constitutes one of the chief reasons why medical control must be urged in this disease.

Of the detection of syphilis you already, I hope, know a good deal. I have spoken of the darkfield which finds

[1]A lecture given for nurses in the Pennsylvania School of Social and Health Work, February 2, 1926.

the spirochete in the first sore or chancre which appears at the point where the germ enters the body, no matter where that may be. You already know, as does the public, of the Wassermann blood test for syphilis. In the early days of the infection, let me emphasize the fact that the blood test is negative. It shows nothing for a week or even two weeks after the appearance of the chancre. Early diagnosis then rests on the darkfield, and not the Wassermann; and this week or ten days is well called the "Golden Opportunity" of syphilis, for during this time, before the blood test becomes positive, the chances of cure are more than 25 per cent better than they are, once the blood test shows its presence. Whenever you think or speak of syphilis, think and speak "*darkfield*" for early diagnosis, and make your interne friends swear allegiance to it and use it. Never believe that there is anything about the appearance of a sore that makes it a chancre or rules out syphilis. Have a darkfield. Your opportunities may not equal those of the physician, to spread the truth on this matter, but your gospel may reach one person, and save one life.

The Wassermann blood test shows the presence of syphilis best in untreated early cases, that is, within the first year or two of the infection. After that, its efficiency begins to decline, and even though there has been no treatment, only 60 to 70 per cent of persons with syphilis show a positive blood test after the first ten years. The proportion of syphilis which can be detected by the positive blood Wassermann test, when the disease is centered in the nervous system or the heart and blood vessels, may fall as low as 40 to 45 per cent and yet the patient with a negative blood has syphilis and dies of it. Remember this, too, that a positive blood Wassermann test does not always mean syphilis, nor is a single blood test, of any kind, conclusive proof of the presence or absence of the disease. Laboratories make mistakes with blood tests in as high as one or two out of every one hundred tests, and only repetition and expert opinion can decide on other grounds in such cases, whether or not the patient has syphilis. Moreover other diseases sometimes show false positive tests for syphilis. Have a blood Wassermann test from time to time, at least once a year, perhaps, because your work exposes you to risks which you cannot detect; but do not leap from the bridgehead into the cold black waters below, if some day you draw a stray positive. Seek skilled advice, and check the test, before you treat or die. Perhaps I might sum up the things the nurse must know about the Wassermann test, categorically, as follows:

1. Not all persons with syphilis have positive Wassermanns.

2. The later in the disease, or the more treatment, the less likely is the blood test to show the presence of the disease.

3. Not all positive Wassermann tests mean syphilis. Do not use the test alone. It is part of a full examination for syphilis.

4. The positive blood Wassermann test does not prove the patient to be in a contagious condition, or the negative test prove that he is free from contagion, fit to marry or cured in any sense of the word. Many a wife has been infected after her husband "became negative."

5. The pregnant woman and the newborn child (up to 2 weeks) have, sometimes, peculiarities in their Wassermann tests which only an expert can interpret. Do not draw hasty conclusions, but take positive tests seriously, even mild ones.

6. Every pregnant woman is entitled to a blood Wassermann test, not only once but twice, toward the beginning and the end of every pregnancy.

7. The Wassermann result and the social status of the patient have nothing whatever to do with each other.

Time makes it impossible for me to discuss with you at length the great importance of the spinal fluid examination

in recent work with syphilis. I can only say this: that many patients show the presence of syphilis in their nervous systems, only by tests on their spinal fluids. The blood Wassermann test may be completely and repeatedly negative. Thus it is essential to the study of the patient who has had or is supposed to have syphilis, that his spinal fluid be examined, regardless of his blood test. If his blood test is positive, his spinal fluid may be negative, or it may be positive and show he has general paresis long before he begins to write big checks or build air castles, or chop up his wife with an axe. Now that treatment is beginning to help in paresis, it may prevent these complications. It is the part of wisdom and absolutely essential to every complete syphilologic examination that the spinal fluid be examined. Just realize that 60 per cent of persons with syphilis, who had nothing but common stomach trouble, had the disease in their nervous systems, causing their stomach symptoms, and only 13 per cent had anything actually the matter with the stomach itself. It is also not so very uncommon to find that a patient has undoubted syphilis of the nervous system, but a negative or normal blood and spinal fluid. With all these provisoes and rules in mind, you will, I am sure, agree with me, when I say that the detection of a syphilitic infection, and the interpretation of its extent and seriousness, are problems for experts who will make complete examinations of their patients, and not merely one of routine blood tests. On the other hand, I emphasize to you the importance of routine blood Wassermann tests, performed by a good laboratory. Such a test should be part of every medical examination, and should be made cheap and accurate. Whenever and wherever you can influence a physician, or are responsible for a clinic, speak for the routine blood test on every patient, regardless of sex or status, if you can; and if not, insist on it between the ages of 17 and 35 on everyone; and in addition, on all patients with bone and joint conditions; on all pregnant women and newborn children; on all children with eye trouble or deafness; and on all persons who are likely to have to undergo surgical operations. If you will do these things you will shed a great light before you on the problems of modern syphilology.

The Mechanism of Transmission and the Control of Infectiousness

ALL who are concerned with public and individual health as it is affected by gonorrhea and syphilis, must have clear conceptions of the transmission of the disease, and of the means now available for control. Gonorrhea is transmitted by contact with discharges containing the germ. If these discharges are present on moist articles, infection can occur. Practically all adult infection is by way of sexual intercourse. The disease is not transmitted, as a rule, to adults by toilet seats. Dust does not contain gonococci. One hears occasionally in prisons of the transmission of the disease to eyes by towels or infected fingers. The genital tract of the adult female displays a distinct resistance to the infection. On the other hand, the eyes of the newborn infant and the genital tract of the female infant or young girl are too often involved in the processes known respectively as gonorrheal ophthalmia and gonorrheal vulvovaginitis.

Gonorrheal ophthalmia is responsible for one-third of the blindness in the blind asylums, and one-half of the blindness dating from birth. The infection of the eye usually occurs at birth from passage through an infected birth canal. Pus in the eye of a child within a few hours to a day or two after birth, is always important and should at once be called to the attention of the physician.

The usual course of a gonorrheal infection is rapid, and the ulceration and perforation of the cornea under the swollen, pus-filled lids leads to collapse of the lens and iris through the opening with hopeless loss of vision. Immediate action, hospital care, a skilled ophthalmologist, and an experienced nurse may save the eye. But this is an afterthought. The real remedy is prevention, and prevention includes not only the dropping of a 1 per cent solution of silver nitrate into both eyes of the infant at birth, as required by law in most states, but the detection and treatment of gonorrhea in the mother before the birth of the child, if possible. Those of you who, in remote districts, may have to play the part of midwives, will never be without your permanganate tablets for the mother's douches, or your State Board packet of dropper and silver solution for the newborn child. Of gonorrheal vulvovaginitis, that terror of the foundling hospital, the maternity ward, the children's ward, the orphan asylum and the tenement family, I can only say that the alertness of the nurse to the slightest signs of irritation or swelling or discharge about the genitalia of girl children goes farther than anything else to prevent epidemics. A smear immediately, and isolation, with boiling of diapers and underclothes and the strict aseptic nursing of an acutely infectious disease are absolute institutional requirements. As to curability, and isolation of the poor child found in the home, the procedure will be determined for you by the rules of the service in which you work. Gonorrheal vulvovaginitis is curable? Perhaps, but in months and years only, and the child with it sustains a handicap in suspension from school and contact with other children that is almost more serious than the disease itself. Systemic complications fortunately are not common. The clean apron, the clean diaper, the clean hands, and the keen eye, are the best elements the nurse can contribute to prevention.

Male gonorrhea has been said by competent authorities to be rarely infectious, even though collateral complications have set in, later than three years after onset of the disease. The prolongation of discharge in the male which comes from improper care or a severe course (commonly known as "gleet") may simply infect the sexual partner with a mixed infection that produces a chronic cervicitis, but no gonorrhea. The terrors of the disease for women come from the fact that active gonorrhea in men, after the acute symptoms have subsided, does not bar sexual intercourse, and no means except microscopic examination can detect the infectiousness of such secretions as those of the prostate and vesicles, which are released only during intercourse. The history of a transient burning on urination, of an abscess at the opening of the vagina that had to be lanced or cleared up with hot douches, may be all a woman ever knows of her infection, this in marked contrast, of course, to the onsets of "honeymoon appendicitis" followed by lifelong sterility, after an operation with a median instead of a lateral scar, which has ended the value to the world, in children, of many a potential fine young mother.

Infectiousness in syphilis follows a set of rules which, while they have important exceptions, can be safely memorized by the nurse.

1. The earlier in the disease, the more risk of infectiousness. After the first five years, the risk of transmission is much lessened. There are, however, exceptions up to 30 years.

2. Intimate contacts of moist surfaces are essential. Nothing that is completely dry can transmit syphilis.

3. Open sores and moist spots, and discharges from them, early in the disease, are the chief sources of contagion. Likewise the warty growths around the anus and genitalia, often mistaken for "piles."

4. The dangerously infectious lesions occur

largely in the mouth and about the genitalia, the perineum and the anus. They are seldom very painful so that the patient may be acutely infectious and *not know it*. Everything brought in contact with such parts must be sterilized.

5. Dirt, irritation, friction, and tobacco, favor the recurrence of infectious lesions over long periods of time.

6. Non-syphilitic lesions, like cold sores, may be infectious, in patients with early syphilis.

7. The Wassermann blood test does not prove the patient to be either infectious or non-infectious.

8. The semen of the male syphilitic may be infectious even though there are no open sores.

9. The sores of late syphilis (appearing after the tenth year), involving the skin, bones, nose, etc., are practically non-infectious.

10. The blood in early syphilis may be infectious and pin- or needle-pricks are dangerous. If you are sprinkled or pricked, seek advice immediately.

11. The syphilitic child is infected by its mother. The father is responsible through his infection of the mother.

12. Syphilitic infants, or infants with snuffles and eruptions about the mouth and genitalia, or on the palms and soles, are dangerous. Use gown and gloves.

13. The germ of syphilis is easily killed. Washing with soap and hot water destroys it on dishes. There is no need to fumigate, or to boil and bake dry clothes. Douche tubes, and articles of similar nature should be boiled. Never approach the rectum or put a finger in a mouth, without either wearing sound rubber gloves, or *seeing what you are doing*.

14. Infectiousness can be controlled by arsphenamine (606) or neoarsphenamine (914) for a limited time. The surface lesions are sterilized within 48 hours. Mercury does not prevent contagiousness.

With these rules in mind I believe you can reason your way through any ordinary situation involving syphilis, and even intelligently instruct the patient who has the disease. Always remember, however, that each case is to some extent a rule unto itself, and do not authorize marriage, or the bearing of children, or the resumption of sexual intercourse after it has been stopped, except under the instruction of the physician who knows the case thoroughly. As in gonorrhea, there are chronically infectious cases to whom no rule applies. Ineffective treatment, too, tends to favor infectious relapse.

The Curability of Syphilis

ENOUGH has already been said regarding the curability of gonorrhea, and the methods for its determination, unsatisfactory though they are. Syphilis has for years been regarded as incurable. It is only in the past 15 years that the means have become available for accomplishing a cure and the evidence begun to accumulate to show that it is possible to obtain it. The drug which has made all the difference is familiar to you, arsphenamine or "606," originally known as salvarsan, and its related compounds. Its ability to destroy spirochetes is one of the miracles, even of a day when medical miracles in the form of adrenalin, thyroxin, insulin, are become as common as roadside daisies. When I speak of the cure of syphilis I insist upon conservatism, for a lifetime must yet elapse before its verity is established beyond argument. Of the cure of late syphilis we do not speak. Rather we use the term "arrest" for all forms of treatment results, as is done in tuberculosis, and the syphilitic patient is expected and urged to remain under periodic observation throughout life. The fundamentals with which the nurse should be familiar in the routine of her professional life are these:

1. Cure in syphilis depends on the time at which the disease is put under treatment. Every hour counts.

2. Waiting for the blood test to become positive after the chancre or first sore is discovered, loses the patient one-fourth of his chance.

3. Cure takes persistent treatment, no rest

intervals, little attention to the blood Wassermann test during the first year or two. The proportion of patients rises steadily from 10 per cent cured by 8 injections to 90 per cent cured by approximately 40 injections of arsphenamine.

4. The best results are being produced by "606" itself, and not by neoarsphenamine (or 914) in spite of the easy popularity of the latter drug. Mercury must be given by rubs or injections and bismuth likewise used, with or in alternation with the arsphenamines or the patient not only may not get well, but may have the most dangerous relapses.

5. The spinal fluid and the heart must be watched especially for signs of persistence or recurrence.

6. Women, since they show few signs and may infect their children without themselves showing outward or even blood test signs of the disease, must be especially carefully treated and watched.

7. There are no absolute signs of cure and no fixed rules to go by. Even the above statements are conditioned on repeated examinations at intervals of a year or two throughout life.

8. It seems probable that the patient who is cured before his blood test becomes positive can be reinfected and has no immunity. The patient who is cured after his blood test becomes positive, may be permanently immune.

9. Late syphilis, even of the nervous system, can be effectively treated, with results ranging from 40 to 90 per cent good, by the use of special methods. Even the formerly incurable general paralysis of the insane can now be checked by the use of the drug tryparsamide, or by infection of the patient with malaria. The form of syphilis which now has the poorest outlook is late syphilis of the heart and blood vessels, and the vomiting attacks of tabes (gastric crises). Even these will improve or be checked in from 30 to 50 per cent of cases.

(To be continued.)

How We Treat Our Registrars

MISS —— slept with four telephones by her bed and the marvel to her friends has been that she was able to carry on as long as she did with the frail body that she possessed. Her power of endurance seemed almost superhuman."

—From a newspaper death notice.

Experience

(To B. S. R. and J. C. S. with loving appreciation)

From where I lie in bed
I can see
The slope of a roof
And a tree.

From where I lie in bed
I can smell
A hyacinth with dew
In each bell.

From where I lie in bed
I can hear
A cardinal singing
"So dear, so dear!"

And sometimes I can feel,
With love benign,
As I lie here in bed,
A hand touch mine.

Oh, I might travel far
Yet know much less
Of what life has to give
Of happiness.

ETHEL C. S. THOMPSON.

In Finland

THE Nurses' Association of Finland is organizing a four months' supplementary course in Administration and Teaching in Schools of Nursing. These courses will be given in conjunction with a six months' course for visiting nurses given by General Mannerheim's League for Child Welfare.

Part of the practical instruction will be given in the preliminary schools conducted by the Association and by the Maria Hospital in Helsingfors. This will enable students to benefit by the teaching given to pupil nurses and to obtain experience in practice teaching.

Further practical work will be given in the Maria Hospital and in the University clinics, where the student nurses of the Association school take their training each year. Instruction in all details of hospital administration will prepare nurses for the post of directress of hospitals or that of sister tutor.

Miss Edgren, a graduate of the International Courses of the League at Bedford College, who will later direct the permanent preliminary school of the Association, has been appointed to supervise these supplementary courses.

The National Board of Medical Examiners and Medical Licensure[1]

By Everett S. Elwood, M.D.

The question of a national registration has arisen sporadically ever since the majority of states have had nurse practice acts. Doctor Ellwood's discussion of the problem, from a medical point of view, is illuminating as it brings out the points that licensing can be done only by the states, that a national examination must of necessity be a difficult one, and that it is an expensive procedure. None of these factors, however, will deter nurses from again following in the steps of medicine when a sufficient number of nurses really desire a national examination.—Editor.

IT is a pleasure to participate in the program of this important section of this important organization. Although I have had some experience with legislation pertaining to medical registration, I have to confess that my knowledge of legislation involving the registration of nurses is quite limited. I am here, however, to give you the plan of organization and some of the problems of the National Board of Medical Examiners, so that you may have something to guide you in considering the problems to be met and the difficulties to overcome should you proceed to organize a national board of examiners in nursing.

The National Board of Medical Examiners was organized in 1915 by Dr. William L. Rodman, who at the time was president of the American Medical Association. He was inspired to do this by an incident in his own life, which is probably similar to incidents which have occurred in the lives of many of you; namely, his embarrassment and chagrin at being obliged to take an examination to permit him to practice medicine in the state of Pennsylvania after he had been a very successful surgeon and licensed practitioner for years in the state of Kentucky, and at the time of taking the examination he was Professor of Surgery in one of the leading medical schools of Pennsylvania to which position he had come from a similar position in the University of Louisville. He resolved then and there to do all that he could in furthering any rational plan that would result in more uniform registration throughout the country, so that well trained men might go from one state to another without being obliged to pass an examination in all the fundamentals of the wide range of medical science. The result, due very largely to his untiring efforts, was the organization of the National Board of Medical Examiners.

The Board when organized was made up of sixteen members. It was the thought of the organizers that the Board should work closely with the United States Government. For this reason the three surgeons-general of the Army, Navy and Public Health Service, were made members, and not simply ex-officio members, but active voting members. Each surgeon-general of the three services was asked to appoint an expert from his own department, thus making six members from the Federal services. The Federation of State Boards of Medical Examiners was asked to nominate three members to the National Board of Medical Examiners. The other members were selected in consideration of their position in medical education, their standing in the medical profession, and also with some consideration to their geographical distribution throughout the country. Since then the

[1]Address given at the Legislative Section of the American Nurses' Association's biennial convention, 1926.

membership has been increased to twenty-one.

In getting under way, the National Board encountered a number of serious problems. A knowledge of how they are being solved may aid you in meeting similar problems should you establish a board of examiners for the nursing profession. As I have indicated, the Board was organized primarily for the purpose of establishing a means whereby a well-trained physician could secure a certificate that would ultimately be accepted for licensure in the great majority of states and in some foreign countries. Therefore, one of the chief problems before the Board was the task of securing the coöperation of the various state boards of medical examiners. When the first examinations were held in 1916, the National Board had the endorsement of the state boards of seven states. Some definite opposition was expressed by the members of several state boards who apparently did not understand the purpose and plan of the National Board and who thought that possibly the National Board would ultimately supersede the state boards. The National Board can never supersede the state boards inasmuch as it has no licensing power and firmly believes that the licensing of physicians and the enforcement of the medical practice acts can be accomplished much more effectively by state boards than by any national organization. As the state boards have come to a clearer understanding of the purpose of the National Board and as they have been able to amend their medical practice acts so as to give them the authority to accept the National Board certificate in lieu of their own examination, the number of states granting recognition to the National Board certificate has gradually increased, so that today there are thirty-three. In addition to these there are ten others whose state boards have expressed their willingness to grant licenses to successful candidates of the National Board as soon as the medical practice acts of the states in question can be suitably amended.

In addition to the recognition given by the State Boards, the National Board certificate is also accepted by the Army, the Navy and the Public Health Service in lieu of their own scientific examinations for admission to the medical corps of these services. The Mayo Foundation accepts the certificate of the National Board in lieu of its scientific examination for admission to graduate work. This certificate is also recognized by the American College of Surgeons in lieu of their scientific examinations. It is, therefore, apparent that real progress is being made and that the time cannot be far distant when certificates from the National Board will be adequate evidence of the candidates' fitness to be licensed to practice medicine wherever the American flag flies.

The National Board's examination has received some approval in foreign countries. It is recognized by the Conjoint Board of England, which is the National Board of England, and the Triple Qualification Board of Scotland. The recognition given is to the extent of admitting candidates who hold the certificate of the National Board directly to their final examination, which is largely practical. The National Board in turn extends the same courtesy to their candidates.

Another important problem which the National Board encountered was the problem of financing its budget. During its first few years it received very substantial help from some of the philanthropic foundations. The organizers of the National Board have believed from the start that ultimately it should be self-supporting and for this reason the fees have been set at the present rate of $80 for the complete examination.

The numbers taking the examination have not yet been large enough to enable the Board to meet its entire budget; consequently it is still receiving some financial help from the foundations, including the Carnegie Corporation, the Commonwealth Fund and the General Education Board. It is expected that the increase in the number of candidates taking the examination, with a slight increase in total fees paid, will ultimately enable the Board to meet its budget from receipts from candidates.

The third problem which the National Board has had to meet consists in determining the type and scope of the examinations, the frequency with which they are held and the location and number of the examination centers. For several years the board gave an assembled examination covering a seven-day period, during which the candidates were given both written and practical examinations covering the whole field of medicine. These examinations were held two or three times a year, one in the east, one in the north central section, and one in the south central section. From fifty to one hundred candidates were examined yearly.

The National Board examinations were modeled to some extent after the examinations given by the examining boards of England and Scotland. Because of the greater distances involved in this country, it was decided in 1922 to change the plan of the examination by dividing it into three parts, the first and second parts to be written and the third to be a practical and clinical examination. Part I, as it is called, is a written examination in the six so-called fundamental sciences of medicine, and may be taken by students who have had the necessary pre-medical qualifications and who have completed at least two years of work in a Class A medical college. Part II is a written examination in the four clinical branches and may be taken as soon as a student has passed Part I and has completed four years of work in a Class A medical college. Part III is entirely practical and clinical and may be taken after the candidates have passed Parts I and II and in addition have completed a satisfactory internship of at least one year. The examinations in Parts I and II are held simultaneously three times a year in June, September and February throughout the country, usually at medical schools where there are a sufficient number of candidates available to warrant the examination being held. The examination in Part I is also held during the June period at several of the Army R. O. T. C. camps. Part III is held in sixteen centers throughout the country in which subsidiary boards consisting of ten to twenty members have been organized for the conduct of the examination. Its frequency depends upon the number of candidates available in any particular center. All candidates are permitted to take their examinations at any point most convenient for them, regardless of whether they are taking it at their own school or not. It is not infrequent that Harvard students take their examination in California and students in western schools have often taken their examinations in the far east. This division of the examination has simplified its conduct and the large increase in numbers that has resulted indicates that it has the approval of the candidates.

You may be interested to know something of the distribution of the cost of holding this examination. The total annual budget of the National Board is now a little over $50,000. The only compensation received by the members is a $10 per diem allowance while in attendance upon meetings or conferences, in addition to their expenses, and a fee of fifty cents for grading each written answer paper in each subject.

The subsidiary boards are allowed $25 for each candidate examined in Part III, with the privilege of distributing the funds received in accordance with their own judgment.

With the present rate of fees it has been estimated that it will be necessary for the board to examine from 700 to 800 candidates each year in all three parts in order to meet its budget entirely from the fees of candidates. At the present time it is examining approximately an equivalent of 400 candidates in all three parts.

The cost of operating a national board of examiners in nursing would probably be appreciably less per candidate since the examination would be written by a larger number of candidates. Furthermore it would not be necessary to give such an extensive practical examination as the Part III given by the National Board of Medical Examiners, which is the most expensive of the three parts given.

There are two other phases of a high-grade national examination in medicine which should not be overlooked. In fact, these may ultimately prove to be the chief benefits of the whole undertaking. One is the professional value to the candidate of such a credential, and the other is the possible value to medical education of such a test of the product of the various medical schools.

The National Board of Medical Examiners was organized chiefly for the purpose of giving well-trained physicians a credential of such a character that it could be safely accepted for licensure by the State Boards of Medical Examiners without further examination. As the work has developed it has become more and more apparent that a credential of such a nature is certain to be of definite professional value to the holder. This value may some day outweigh its value as a means of obtaining a license in various states of the Union and in some foreign countries.

Those who hold the certificate of the National Board are now known as Diplomates of the National Board, and are given the privilege of using the designating initials, D. N. B. in any proper and dignified manner. It has been stated that this designation will ultimately mean as much in this country as F. R. C. P. and F. R. C. S. have come to mean in Great Britain.

The estimate placed upon the National Board's certificate by leading medical organizations of the country and the Federal medical services, is clearly shown by their willingness to accept it for admission in lieu of their own scientific examinations. It therefore seems undeniable that the holder of the National Board certificate has a credential which in the future will give him a secure professional standing both in this country and in foreign lands as well.

The value of a national examination in medicine, as a measure of medical education, has recently been expressed by leaders in this field. At the last meeting of the Association of American Medical Colleges it was stated that the examination of the National Board constitutes the best measure of medical education in this country today. The great responsibility that is thus placed upon the National Board is keenly appreciated by every one of its members. The fact that these examinations are framed and conducted by a board composed of representatives of many medical colleges, representatives of the Federal medical services and also representatives of the State Boards of Medical Examiners, should insure that they parallel the best standards of medical education today and fairly indicate what degree of training and skill can reasonably be expected of candidates about to enter the practice of medicine.

An examination held simultaneously

throughout the whole country and using the same questions as the National Board does in its examinations in Parts I and II, should afford the medical schools an excellent opportunity to compare the results obtained by their students with the results obtained by students from the other schools. Many of the school authorities have taken advantage of this opportunity by requesting the National Board to furnish them the detailed results of their candidates in the various subjects so that they may compare the success of their own candidates, subject by subject, and also compare their success with the general average of success attained by candidates from the other Class A medical schools.

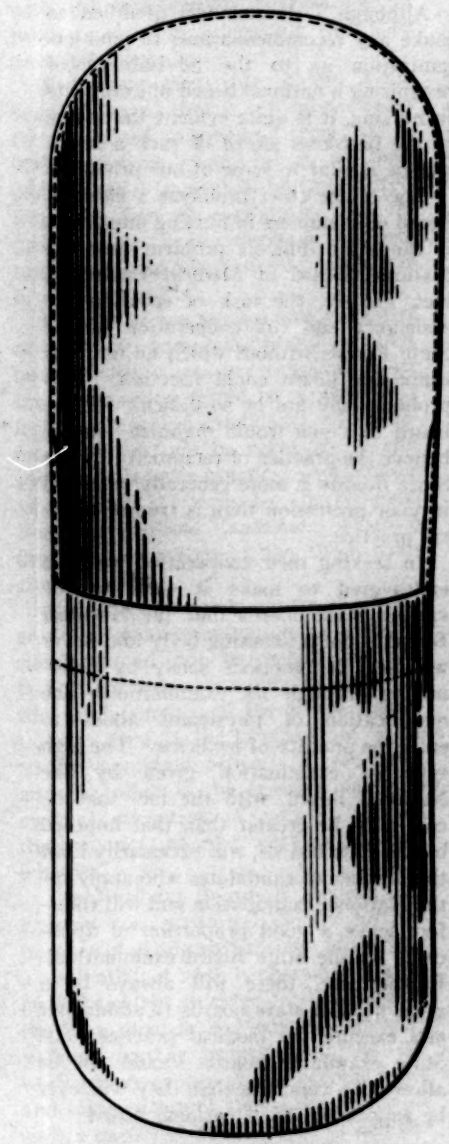
There is a possible additional development in the program of the National Board which should be brought to your attention; namely, the establishment of examinations in the medical specialties. Already two or three national organizations of specialties are conducting such examinations. Preliminary conferences have been held by the representatives of the National Board and representatives from a large number of the specialty organizations for the purpose of determining the feasibility and the character of such an examination. It is generally admitted that too many young physicians are entering the specialties without furnishing their associates or the public with any reliable credentials of qualification for such work. It is also generally admitted that there is a need for the establishment of examinations and minimum qualifications for entering the practice of the various specialties. Although the conferences held have concluded that the time is not quite ripe for launching such a move, it is believed that such an effort will be made in the near future, and if so the National Board will have a large part in its promotion.

Although I do not feel qualified to make any recommendations to your organization as to the advisability of organizing a national board of examiners in nursing, it is quite evident that some of the problems ahead of such a board will be similar to some of our problems.

One of the chief problems a national board of examiners in nursing must meet is the same difficult problem that the National Board of Medical Examiners met, namely, the task of securing the assistance and full coöperation of the State Boards without which no national examining board could function. This problem may not be so difficult for the board that you would organize, since I believe the practice of reciprocity by the State Boards is more generally extended in your profession than is true of medical practice.

In seeking their coöperation we have endeavored to make it clear to the various state boards that the National Board is not a licensing body and never will be. It functions solely by determining through its examinations, the qualification of physicians about to enter the practice of medicine. The high type of examination given by the National Board, with the fact that its cost must be greater than that imposed by the state boards, will necessarily limit the number of candidates who apply for the National examination and will therefore leave a good proportion of applicants for the State Board examinations. Furthermore, there will always be a great need of state boards to administer and execute the medical practice acts. State examining boards should not be allowed to conclude that they will ever be supplanted by a national board.

A Practical Cover for Instrument Trays



The tray slips into the pocket, making a bed for the instruments which are thus protected and kept sterile by the flaps.

An Appreciated Service

MANY of the public health nurses of New York State need no introduction to the State Medical Library. Its facilities and service have been presented to them through printed notices, through exhibits and addresses at various conventions and by reference from National Headquarters in New York City, where the package library system was maintained for some time through the agency of a local library in each state, this library being the circulating center for New York. A goodly proportion of those to whom this knowledge has come, have taken advantage of the privileges at their disposal. Nurses officially connected with the State Health Department or doing school medical inspection work through the State are among the heaviest borrowers.

The extra-mural course offered by New York University in conjunction with the State Health Department has stimulated others to read, not only in their special field but in related subjects such as sociology, psychology, nutrition and child study.

Although not all medical, these works may be borrowed through the medium of the Medical Library which stands ready to assist its borrowers in the selection of references on requested topics as well as for lending specific books. Packages are made up to suit the individual need, containing the latest magazine articles and pamphlets, in addition to books, so that the field is adequately covered.

Conditions for lending are most liberal, the Library even paying transportation one way.

Above all the Library wishes the nurses of New York State to realize that the Library exists for service and that their requests will meet with prompt and helpful response.

Success

THE father of Success is Work.

The mother of Success is Ambition.

The oldest son is Common Sense.

Some of the other boys are Perseverance, Honesty, Thoroughness, Foresight, Enthusiasm and Coöperation.

The oldest daughter is Character.

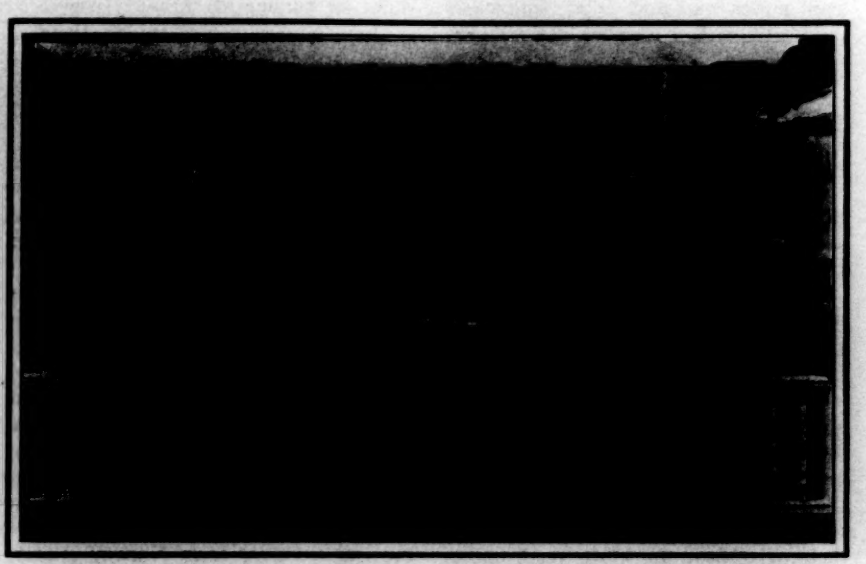
Some of her sisters are Cheerfulness, Loyalty, Courtesy, Care, Economy, Sincerity and Harmony.

The baby is Opportunity.

—Adopted by Firland Sanatorium from NORMAN R. MARTIN.

Telling the World About Nursing

By Elise Van Ness



A WORLD that likes nursing and stops to hear its story is making a beaten track to the Nursing Exhibit at the Sesqui-Centennial Exposition in Philadelphia. Like a little girl who, after hearing the exhibit explained, told her father, "The lady is telling me all about this nursing," all who pause want to hear the story and to see the panorama drama of the lives of nurses.

Situated not far from the Broad Street gates of the Exposition and at the left of the entrance of the Palace of Education, the Nursing Exhibit bids with success for the attention of the passer-by. Shields emblazoned with the words, "Nursing," shine out from the entrance posts of the booth and two units in colors, one in pyramid form with cut-out figures, tell of the preparation of the nurse or as one put it, "How she got that way," and the other with figures against a background of watercolor reveals the work of nurses full blast on the activities of their profession.

Those nurses and others who have made the exhibit possible would feel well repaid for their work could they see nursing and its message reaching the public daily. Squads of Girl Scouts, doctors and their wives, negro public health nurses, industrial nurses, teachers, sailors, soldiers, visitors from India, Japan, Ireland and innumerable representatives of that great and unspecialized body, the American public, make the course of each day interesting. Let those who talk of a public alienated from the nursing profession hear some of the comments of these visitors! With what enthusiasm do they not tell of their contacts with nurses, especially the masculine element at the exposition, the members of which express a hundred times a day their admiration for the profession and their friendliness toward the individual representatives.

"Me sister-in-law is a nurse," is the triumphant announcement of a stocky man, minus coat and collar, who views the booth with a member-of-the-family air.

He steps inside and looks at the pictures long and critically. "I know just how it is," he explains, "you see my sister-in-law tells me all about it."

He is followed by a young woman chewing gum who explains that she is a manicurist, enters and sinks into a chair, remarking, "Whew, if it ain't hot!"

When asked if she would like to hear the exhibit explained, she responds with a languid, "Yeh," and looks glassy-eyed at the display before her.

A young girl stops to copy down the quotation from Herodotus painted above the exhibit, "Neither snow nor rain nor heat nor gloom stays these couriers from the swift completion of their appointed rounds," and when four doctors and their wives hear the words read, one of the medical men adds, "Nor smallpox," and another says warmly, "Every word of that is true."

Girl Scouts, alert and fit specimens of young womanhood, crowd up to listen, followed by a group of Missionary Servants of the Most Blessed Trinity, and by a teacher who, on hearing of the crying need for nurse instructors, says she will get in touch with the nursing organizations. A young negress studying for a master's degree is also interested. She says that she first came to know nurses when she was a tuberculosis patient, and that she has been very much attracted to nursing ever since. At present she is studying to fit herself for a place on a college faculty.

"Can you tell me the way to the Temple of Solomon?" a distinguished Jewish visitor asks, and bows his thanks on receiving the information. He is followed by a Japanese dentist, suave and very polite, who asks interested questions and is fascinated at the working of the attractoscope which stands in one corner of the booth and is used to show slides on nursing.

Many nurses come, among them a missionary from India, and another, a nurse for the Yellow Taxicab Company who says she has had as many as 105 accident cases in a single day. Another, smiling and upright in the rocking chair in the corner, states that she is 84 years old and speaks with enthusiasm of the map showing statistics on the proportion of public health nurses to the population. The face of a negro public health nurse lights up as she sees the picture of the negro nurse in the exhibit, and a married nurse who arrives with her husband and babies says she wants to keep informed on public health nursing, for she wants to do it when her children are older.

Some teachers stop, and one of them confesses that she wants to study nursing and a visitor from Norway studies with interest the magazines on nursing from 25 countries in the world. Walking in dreamily, a coat over his arm, a spectacled professor from a college in Iowa peers through his glasses at the display, smiles and says apologetically: "We teach bacteriology and chemistry to nurses at our college,—we are very much interested in them."

As the exhibit is explained to him, he says, "Yes, Yes," with a rising inflection and a tired, gentle tone. Then he places a worn Brownie camera on the table in the center of the booth and goes to the maps. "Very valuable, very valuable!" he murmurs, as he takes down some notes in his book.

Two sturdy, broad shouldered Iowa Amazons stride in, look swiftly toward the table and dash toward the registration book, open and in full view. Affixing their signatures to it with broad, sure strokes, they turn away without a glance at the display. They are two of the signers of the Exposition who with

the same intrepid spirit that actuated the signers of the Declaration of Independence a century and a half ago, have come to Philadelphia in 1926 to sign all the registration books in all the booths at the Sesqui-Centennial Exposition.

Two older women, with skirts touching the tops of their shoes and white hair blowing softly from beneath hats set high on their heads, come with wistful eyes directed toward the arm chairs. They sink in them with sighs of content and turn inquiring eyes toward the display. "Is it all right for us to sit here?" they ask, then sit back relaxed and smiling. Their presence gives a sudden homey atmosphere to the story of nursing and the booth takes on a motherly air toward the younger women who pause in the aisle.

Next three sailors amble in with long gait and lean against the posts with easy grins as if they feel absolutely at home. One of them slides into a chair and stretches his long legs before him. "We know all about nurses," he says with a sweeping gesture,—we have seen a lot of them."

A man, who says he is the manager of the Grand Central Palace in New York, the largest exposition building in the world, declares that the nursing exhibit is the second finest at the Sesqui-Centennial. "Your exhibit is not crowded as so many are," he says, "and it has fine simplicity in getting its story across. It is very much out of the ordinary, well planned and well lighted."

He gives first place to the cut-out illuminated silhouettes of the Westinghouse Electric Company.

Additional information on nursing is spread broadcast as the "Challenge," and a publicity leaflet, "Choosing Nursing as a Career," are carried away by many. Teachers take them to include

in their vocational folders for use during the school year.

In the pyramid which shows, in cut-out figures, beautifully executed, the steps in the preparation of the student, the first tier reveals the young high school graduate ready to enter a hospital or a university school of nursing. Above her is the probationer in pink standing the preliminary test of the profession while in the next tier the student nurse is about her work in the hospital ward which is her laboratory. At the side is shown the student nurse taking care of children, studying the diets of babies and cooking and nutrition, and on the opposite side of the pyramid she is studying bacteriology, and with a mask over her face is seen ready for an operation. Class room lectures on chemistry and materia medica are also revealed as a part of the course. Above these is the graduate nurse ready for state registration and the coveted title, R.N. For additional preparation for teaching, executive work and for public health nursing, the graduate at the top is about to take a course in a school of nursing or a university.

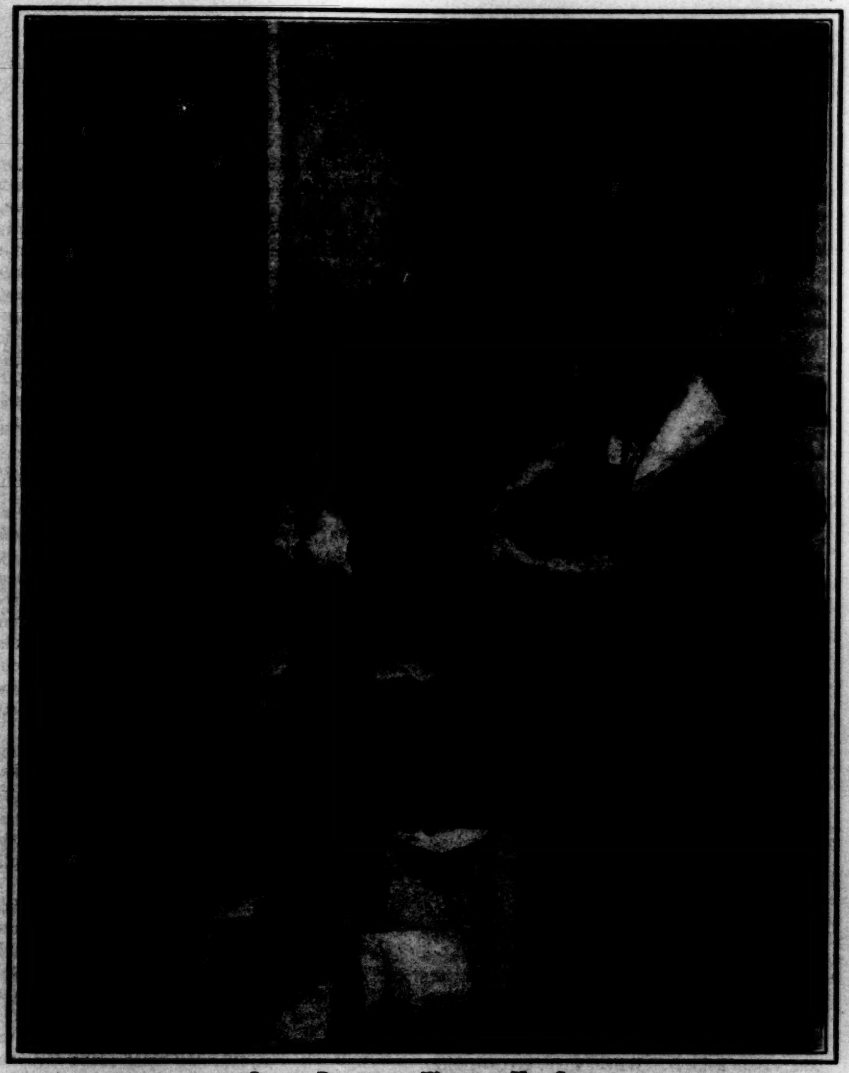
In the watercolor panorama with the cut-out figures, forming the central unit of the exhibit, the story of nursing in all of its different branches is told. In the left hand corner, a Red Cross nurse is binding up the toe of a chubby baby seated on a soap box, and two devastated buildings and a Red Cross ambulance are shown in the background. To the right, four federal nurses are crossing a bridge, their Army, Navy, Veterans' Bureau and U. S. Public Health Service uniforms differentiating their callings, and in the driveway of a house in the background a private duty nurse has her patient out in a wheeled chair.

Before a factory breathing forth dark smoke from high chimneys, an industrial nurse is talking to a patient who has a bandaged arm, and other workers are passing on their way home from work. In the middle of a group of children, the youngest a baby in a carriage, a child hygiene nurse is standing, while near at hand a visiting nurse is entering a community health center and a negro nurse is conferring with her patients. Far away on the hillside, the Indian nurse on horseback is galloping toward a patient.

On the steps of the big hospital which forms the center of the display a nurse from a dispensary clinic, a hospital executive, a teacher, a supervisor and a surgical special nurse are all shown, while in the rural scene which comes next, the county nurse is stepping briskly from her car. Further on, a school nurse is gaily leading a group of children through a tooth brush drill, and a tuberculosis nurse on the grounds of a sanatorium is helping some children build a snow man. At the extreme right a missionary nurse on snow shoes is ploughing her way through the snow and ice to the bedside of a patient.

The exhibit, which was planned and executed by Mrs. Stella Boothe Vail, has suffered a great loss in her death. Stricken with appendicitis, she was rushed to a hospital for an operation and died from shock three days later. Her splendid, loyal service to the profession and her untiring and devoted work in making the exhibit the great success it is, have earned the gratitude of the whole nursing profession. Her final piece of work will serve in part as a memorial of her fine service. Frances B. Maltby, R.N., has been appointed director of the exhibit to succeed Miss Boothe.

While the nurses who gave toward the exhibit go about their work, while thousands of students in hundreds of schools are preparing themselves for entrance into the nursing profession, the exhibit will tell in the next few months



STELLA BOOTHE AT WORK IN HER STUDIO

to hundreds of men and women, daily, the story of nursing. No one who sees it can ever be again an uninterested member of the laity, but will be able to understand the service nurses are striving to give to the world, and to give support to all that is best in their high calling and great work.

SOCIAL hygiene is at once more radical and more scientific than the old conception of social reform. It is the inevitable method by which, at a certain stage, civilisation is compelled to continue its own course, and to preserve, perhaps to elevate, the race. —HAVELOCK ELLIS.

"On to Peking! Follow Your President to China."

By Cora E. Simpson

Secretary, Nurses' Association of China

IN three ways, at least, the Congress of the I. C. N. to be held in Peking in 1929 will be different from all former Conferences.

If the Congress were to meet in England, the British nurses would be the hostesses; if in Germany, the German nurses would entertain; and so on. But when the Congress comes to Peking, while you will be the guests of the Chinese nurses, you will also find nurses from every land to welcome you,—from Scotland, Ireland, England, Wales, Sweden, Norway, Denmark, Finland, Russia, Holland, France, Austria, Germany, New Zealand, Australia, Canada, and from every state in the Union. It will be a time of great reunions. The Nurses' Association of China is, perhaps, the most "International" of any of the nurses' associations of the world.

Then many of your hosts will be Chinese men nurses. Try to get accustomed to thinking of nurses as including men nurses, for it will never do in the presence of our hundreds of Chinese men nurses to speak of nurses as "her," and "women," always, will it? Perhaps you may even marvel, as we often do, as we watch their graceful quick movements, their earnest, appreciative faces while listening to addresses, and their great courtesy to all. For the sake of our men nurses we hope that when the delegates are elected from America, you will send at least one "man" nurse among them. It would mean much to our nurses. We hope that you will like our stalwart sons. They are thinking much, even now, of ways and means for your comfort and happiness.

Our women nurses are so tiny. To see one caring for a baby will make you think of a wee maiden playing at "nursing." We are sure, however, that you will love our charming daughters for you all loved our Lillian Wu. They are so quick, neat, and appreciative that you can't help it. When they get together, these days, you would not understand the musical tones of the Chinese language, but it is often of "when our guests come to Peking" that they speak. A group of them once asked me, "Do you think the nurses from other lands will like to come to our country? We are so different." That is one of the chief reasons that you will want to visit China, it is so wonderfully different from other lands and these nurses of ours will not be the least attraction.

China is different from any other place on earth. The oldest civilization and one-fourth of the world's population live here. Here one-third of the world's babies are born—perfectly adorable babies, too. China has over four thousand miles of coastline; China reaches from frozen Manchuria to sunkist Kwangtung and from bustling Shanghai to the dizzy snow-capped mountains of Thibet. Peking was old when Columbus discovered America. It is the last one of many of China's capital cities,—has a wall fifty feet high and forty feet wide, the front door of which is the great Ching Mun Gate.

You know there are four cities here, one inside the other. The "Forbidden City" is now open to you and also the "Temple of Heaven," now a great City Park. You will want to see the National Museum, with its thirty million dollar collection of Chinese masterpieces. You will also want to see the Summer and Winter Palaces, the Confucian and Lama Temples and scores of other famous places. The Great Wall of China, two thousand miles long, and the Tombs of the Ming Emperors are a day's journey to the North of Peking.

On the streets of Peking you might see, side by side, a street car, a carriage, a springless cart, a donkey, a camel, a wheelbarrow, a ricksha, a gay bridal chair, a funeral procession, a limousine and a "tin lizzie" all in the same block. It is perhaps the most cosmopolitan city in the world.

As I said at Atlantic City, you will find modern hotels as splendid as any there. Please also remember what Doctor Vincent said: "If you keep away from the Atlantic City hotels until then, there will be no question about your having money to go to Peking in 1929." But our Hospitality Committee, of which Alice Powell is Chairman, has other plans for your entertainment. You are to be entertained in the beautiful Yen Cheng University now in process of construction.

This University is being erected in the suburbs of Peking at an enormous cost. Its architecture follows the beautiful Chinese lines and curves, and it will be most beautiful when completed. You will be five minutes' walk from the Summer Palace grounds, one of the "fairyland" spots of the world.

(To be continued)

The Admission of Children to a General Hospital

By Gladys Sellew, R.N.

Problem of Preventing Cross-infection

THE average general hospital admitting children is faced with a problem of paramount importance, viz.: How may cross-infection be prevented? That it is possible to prevent cross-infection is beyond doubt; but it requires a proportionately heavy expenditure of money for equipment and nursing service. To practice an ideal aseptic technic, gives the student excellent training, *provided*, first, there is a sufficient number of instructors to teach and re-teach every phase of the work, and, second, there are enough nurses on floor duty to faithfully and exactly carry out every detail of the aseptic procedures.

Unless these two conditions can be met, strict aseptic nursing cannot be practiced and should not be attempted, since reliance placed upon a technic excellent in theory, but constantly broken in practice, adds to the danger of cross-infection. The student becomes accustomed to a discrepancy between theory and practice that is harmful to the last degree.

Many hospitals weigh the relative advantages and disadvantages of strictly aseptic nursing and modify the technic to best suit the individual situation. Such a technic, definitely planned and accurately carried out, is far better than a system of strict aseptic nursing which is constantly broken in detail.

It is generally conceded that strict aseptic nursing technic means that contact, direct and indirect, between patients is prohibited. Direct contact is avoided by not permitting patients to come within six feet of one another. (The spray from the nose and throat does not carry more than six feet.)

Indirect contact is far more difficult to prevent.

1. The most dangerous channel is the nurse's hands. Therefore, the nurse should wash her hands in running water, with soap and a stiff brush, after handling the patient or any article that has come in contact with the patient.

2. No article touched by one patient should be touched by another patient before it is suitably cleansed. (Methods of cleansing given later.) Doctors' and nurses' clothing must be protected by gowns. There are several methods of putting on and taking off the gown.[1] The body linen and linen on which the patient has lain, or with which he has come in contact, must be boiled before it is used again.

3. Less direct means of contact are: Articles touched by the nurse after

[1] Method of putting on a gown when caring for a certain case and contaminated by contact with that case only. (Putting on of clean gown is adaptation of the same.)

Technic of the Gown—Gown is hanging on a hook in the contaminated area. Holding the palms of the uncontaminated hands together, slip them between the back hems of the gown and into the sleeves; remove the gown from the hook and force hands through the sleeve and cuffs of the gown. The nurse's hands must not touch the outside of the gown during this procedure. The strings at the neck or the button at the neck are then fastened. The strings at the waist are fastened.

Method of Taking off the Gown—Untie the strings at the waist. Wash and wipe hands (using stiff brush). Untie the strings or unbutton the button at the neck. Slip the middle finger of the right hand under the cuff of the left sleeve and pull the cuff over the hand taking care to keep the hand uncontaminated. With the left hand in the sleeve, grasp the right sleeve just above the cuff and draw the right hand into the sleeve. Let the gown slide down over the hands, care being taken that it does not touch the floor. Holding the gown by the neck, fold inside in, placing one shoulder in the other and hang on the hook. Wash hands (using a stiff brush). Wipe hands thoroughly.

touching the child, (his contaminated clothing, etc.), such articles later being touched by a doctor or nurse who is working with another patient. The chain of contacts through human beings and inanimate objects carrying infection from one child to another may be of indefinite length. In the prevention of cross-infection, as the contacts recede from the infected patient, or the element of time intervenes, the danger decreases, and there comes a point where the danger is slight and the demands of the situation may lead us to assume the risk in preference to taking expensive measures necessary to insure aseptic nursing. This question continually arises in the cleansing of equipment used about the patient. Much of it has not come in direct contact with the patient and may be of a nature that makes it impossible to actually "sterilize"; a more superficial cleansing may be accepted, *the risk being definitely known.* It may be impracticable to furnish gowns for doctors and nurses for each individual patient whom they handle. In that case, gowns may only be worn when the nurse's uniform comes in direct and extended contact with the patient, the danger from mere brushing against the sheet that covers him or the examining table on which he lies being disregarded.

It is true that the danger of spreading infection is lessened in just the degree that we prevent contact, direct and indirect, but let us remember that, assuming rules of ordinary cleanliness to be obeyed, direct contact and the carrying of infection upon the nurse's hands are the chief sources of danger. If these two avenues are blocked, the greatest sources of trouble will be eliminated.

The Admitting Room

IN A general hospital, the child is usually admitted through the common receiving ward. He is then taken to the admitting room of the children's department, if the hospital has a room of this type. From there, he is put to bed in the observation ward and treated as an isolated case for a minimum of three days. If the hospital lacks an observation ward, new arrivals may be isolated in a designated part of the children's ward. They should never be placed among the old timers.

If the children's unit has no admitting ward, there is no inherent reason why the initial physical examination should not be made in the receiving ward of the hospital, but we must remember that:

1. Children are easily frightened and the sights and sounds of the common admitting ward of a large hospital are upsetting to the last degree.
2. Much of the equipment needed for children differs in character or size from that used for the adult, and,
3. Since the child cannot give a history of his own case, it must be obtained from the adult who brings him in. This requires a quiet room, available for a half hour or more, where the parent may be questioned without interruption, which is hardly possible in the admitting ward of the average general hospital. The receiving physician may make a merely cursory examination in the receiving ward, then sending the child to his bed in the children's division. This is possible, even if there is no observation ward and an isolated area in the general children's ward is used for new arrivals. In this case, the parent should be allowed to go with the child to the ward, that the history of the case may be given in detail.

Technic of Examination

WHEREVER the examination is made, the technic is of importance. The following technic is in accordance with the rules of aseptic nursing and may be modified to suit the needs of the individual situation, but such modification must be definitely known by every

one dealing with the case. Let there be no false sense of security.

Doctor and nurses are gowned, a separate gown for each patient.

1. The stand upon which the child lies is considered a contaminated area. The doctor and nurse having touched the child become contaminated and all equipment touched by them becomes contaminated.

2. An area where contaminated equipment may be put must be provided, which will be considered a contaminated area.

3. All clean areas must be kept scrupulously uncontaminated, no contaminated articles being placed therein.

4. Clean surfaces may be handled by the contaminated nurse or doctor, by using a towel to prevent contact between the surface and the hand. Some hospitals permit the nurse to substitute a piece of paper for the towel. If this is properly done, it does not constitute a break in aseptic technic. For instance, the handle of the otoscope may be thus protected, since it is difficult to clean. The door handle, the weight upon the scales, the test tube for nose and throat cultures, may all be handled in this way.

5. No detailed plan can be given, since every doctor has a slightly different routine of examination.

6. Articles contaminated may be cleansed in the following ways:

(1) Boil all articles not injured by boiling.

(2) Scrub with soap and water where boiling is impossible and soap and water will not injure the article.

(3) Cleanse with 2 per cent lysol solution or alcohol, where soap and water would injure surface.

(4) Eight hours' exposure to direct sunlight is suitable for blankets, shoes, coats, etc. There is some question whether this is sufficient protection when dealing with the most virulent contagious disease agents, but it is generally accepted as safe for the less infectious types of disease.

7. The patient's clothes, if he is brought to the hospital in the ambulance, should be left in the home, the child being clothed in hospital clothing before he is placed in the ambulance. If it is not an ambulance case, the clothing may be taken home by the parents. If the clothing is left in the hospital, exposure to the open air for several days (sunlight if possible for eight or more hours) during which time it is considered as contaminated, is a practical way of preventing spread of infection.

Equipment for Examination

THE general equipment for examination of the child and for first aid is similar to that for the adult. A few articles are needed in a child's size. There are various procedures used for purposes of diagnosis that are routinely carried out upon the child. Some are definitely for the purpose of detecting contagious disease, others of general diagnostic value. Among such tests are:

(1) Taking of blood for Wasserman,
(2) Tuberculin tests,
(3) Taking of nose and throat culture,
(4) Taking of vaginal smear.

A tracheotomy and intubation outfit should be in readiness.

Warm premature jackets are not necessary, but are desirable.

Tray for Venipuncture (Wasserman, etc.) Montoux and Von Pirquet Tests and Schick Test

1. Four tuberculin syringes and hypodermic needles, gauge 26-28, ½ to ⅝ inches long,—sterile or in basin ready to be boiled.

2. Koch's Old Tuberculin and Bovine Tuberculin and Diphtheria toxin (kept in the ice box until ready for use.)

Sterile salt solution in a sterile medicine glass.

3. Small scarifier.

4. Venipuncture needles. Gauge 17, length 2½ to gauge 22, length 1¼ or 1½.

5. Two fontanel needles.

6. Two or more 10 cc. Luer Syringes.

7. Razor, green soap and basin in which a dilution may be made.

8. Small tourniquet or large catheter.

9. Forceps, sterile, in folded sterile towel or in 5 per cent solution of lysol.

10. Sterile test tubes.

11. Collodion.

12. Bottles of ether, iodin, alcohol.

13. Sterile sponges, applicators and absorbent cotton.

14. Adhesive and pair of scissors.

15. A small pan of cold water into which needles may be dropped after use.

16. Paper bag for waste; pan for soiled equipment.

17. Rubber bands and Dennison labels.

GLADYS STEPHENSON, a missionary nurse, has promised to translate the Nutting and Dock History of Nursing for the Nurses' Association of China. Would some American nurse like to donate a new or a second hand set of these valuable volumes for the purpose? Miss Stephenson will be at the School of Nursing, Western Reserve University, Cleveland, O., until January.

PRIVATE duty nurses of the Second District of the Georgia State Association (Augusta) use a two-page billhead for professional accounts. The outer page carries the name of the association and the necessary space for the bill. The second page has the rates established by the District for the various types of nursing. The family receiving such a bill has an immediate check provided by the nurse herself on the charges made.

For the Pessimist

IF there be a thousand millions of men on the earth, that is much; that gives about five hundred millions of women, who sew, spin, nourish their little ones, keep their houses or cabins in order, and slander their neighbors a little. I see not what great harm these poor innocents do on earth. Of this number of inhabitants of the globe, there are at least two hundred millions of children, who certainly neither kill nor steal, and about as many old people and invalids who have not the power of doing so. There will remain, at most, a hundred millions of robust young people capable of crime. Of this hundred millions, there are ninety continually occupied in forcing the earth, by prodigious labor, to furnish them with food and clothing; these have scarcely time. In the ten remaining millions will be comprised idle people and good company, who would enjoy themselves at their ease; men of talent occupied in their professions; magistrates, priests, visibly interested in leading a pure life, at least in appearance. . . . There is therefore infinitely less wickedness on the earth than we are told and believe there is. There is still too much, no doubt; we see misfortunes and horrible crimes; but the pleasure of complaining of and exaggerating them is so great, that at the least scratch we say that the earth flows with blood. . . . A melancholy mind which has suffered injustice, sees the earth covered with damned people; as a young rake, supping with his lady, on coming from the opera, imagines that there are no misfortunes."

—From The Wit and Wisdom of *Voltaire*.

Nurses' Association of China

THE report of the 1926 conference of the Nurses' Association of China is a most excellent and stalwart booklet of 165 pages which contains, in addition to the report proper, a list of the registered schools, and the constitution of the association. The nurses of China instead of having a League of Nursing Education, have in the Nurses' Association of China a Committee on Nursing Education. It is under the direction of this committee that 13,000,000 pages of text and reference books have been translated and published on a self-supporting basis and 114 schools registered. Great progress is shown in an increasingly high entrance requirement.

Teaching Children Right Food Habits

By Bertha M. Wood

A CHILD should eat what it wants but it should be taught to want what it should eat. This means some one must teach the child what to eat and why it should eat certain foods. Most pediatricians have their own methods of feeding children in normal health. They may differ slightly but they all agree on general essential principles. The normal child from two to fourteen years requires food to promote growth, to repair tissues, to supply energy and to regulate the body processes. Children differ from adults in that they are more active and the process of growth is still going on. Adults eat to be maintained; children eat to be maintained and to furnish material for growth. If the amount of food is restricted growth is retarded, both the height and the weight. Children under weight for their age require more calories while children over weight require less calories per pound of body weight.

Although the protein requirement of children has not been fully worked out, it appears that 10 to 15 per cent of the total calories in protein is sufficient. Since the caloric requirement for children is from two to three times that of an adult at rest, these figures, which are the ones used for adults, represent a comparatively high amount of protein per pound of body weight.

In estimating the energy needs of children, the factor of growth enters in as well as activities. Tables have been worked out for normal healthy children giving the caloric requirements per pound of body weight for the successive years of growth period. According to these a child two years old requires about 40 C. per pound of body weight and this figure gradually decreases until at the end of the growth period, seventeen years, he requires from 20 to 25 C. per pound. From such a table, therefore, the caloric requirements of any child may be determined.

With regard to fat in the child's diet, it is considered that 20 to 30 per cent of the total calories in fat will meet the requirements.

After determining the amount of fat in a day's food allowance, the carbohydrates can be adjusted. An excessive amount of carbohydrate tends to reduce the amount of protein, which is necessary for growth, and fat which the child consumes. High carbohydrate diets make children fat but their flesh is flabby and their resistence to disease may be lowered. Too much sugar in the diet has a laxative effect and too much starch causes constipation and distension of the intestines. Children should not be permitted to eat too much sugar in the form of jams, jellies and candy, as they lessen the appetite and the total amount of food eaten is lowered. When necessary to allow for increased activities on the part of the child, additional carbohydrate may be added to the diet, leaving the amounts of protein and fat the same.

Knowledge of the exact quantities of mineral matter needed for growth is limited. Calcium, phosphorus and iron are the ones most likely to be deficient in the diet and it is important to supply plenty of foods containing them. Sodium and chlorine are also very necessary but are ordinarily supplied in sufficient quantity for the needs of the body.

A goodly supply of each type of vitamin, fat-soluble A and water-soluble B and C, should be provided in a diet for children. They should also have some water, in addition to that contained in other foods. Because of their activity a large amount is lost through the skin and lungs. It is also

needed in the blood and secretions of the body and for the preparation of food for absorption as well as in other ways.

Milk is the best source of protein in a child's diet. It is valuable not only because of the high value of its protein, fat and carbohydrate, but also for the calcium and other minerals and the vitamins that it contains. From three to six years of age the child should receive 1½ to 2 pints a day; after six years, at least 3 cups a day should be given.

Next to milk in importance are eggs. A quart of milk a day, and an egg, with the other foods such as cereals, vegetables, etc., will furnish the protein needed by a child up to seven years. The egg should be soft cooked or poached. Sometimes it may be cooked hard below the boiling point, as all eggs should be cooked, and grated very fine.

Meat may be allowed occasionally in small quantities, 2 ounces or 60 grams of tender meats being given to a child seven to ten years of age, 3 ounces or 90 grams to a child ten to fourteen years. Some authorities give meat at the end of the second year, beginning with 20 or 30 grams. Mutton, veal and fish are ordinarily avoided in the diet of young children and scraped beef, lamb chops or chicken are given.

The fat needed in the child's diet is best supplied by butter and cream which contain fat-soluble A vitamin. Bacon may also be given, and olive oil. If skimmed milk, butter substitutes or olive oil are used, the A vitamin must be provided by giving other foods which contain it.

A part of the child's diet should be made up of cereals and legumes. In the finer cereals and in polished rice and white flour much of the protein, mineral matter and vitamins have been removed. The coarse cereals contain more cellulose which is valuable to stimulate peristalsis. Cereals should always be thoroughly cooked, either in a double boiler or fireless cooker, to soften the cellulose and break up the starch grains, thus rendering them more digestible and palatable. They should be served with milk and little or no sugar.

Potatoes may be used every day. It is best to bake or boil them in the skins in order to prevent the loss of mineral salts and vitamins.

Vegetables and fruits should be given in some form every day. Vegetables should be thoroughly cooked and for young children chopped fine or pureed and used in soups. The first vegetables to be used include spinach, carrots, peas, beans, and squash. After the fifth year others may be added, remembering that cucumbers, corn and cabbage contain too much indigestible cellulose and should be reserved for the later years unless, as in the case of cabbage, it is shredded very fine. The water in which mild flavored vegetables are cooked may be used in soups in order to save the mineral matter which is removed during cooking.

The fruits may be fresh, cooked or dried. If used raw, they should be very ripe, but not over-ripe. The child may be given oranges, apples, pears and peaches, also stewed figs, dates and prunes and cooked bananas. Vegetables and fruits are rich in mineral matter, water and vitamins, which they supply to the diet.

If the foregoing suggestions as to diet are followed, sufficient vitamins will be provided, fat-soluble A vitamin in the whole milk, eggs and butter, water-soluble B vitamin in the cereals, legumes and vegetables, and water-soluble C vitamin in the fruits and vegetables.

Foods for the child, when cooked, should be boiled, broiled or baked. Spices and condiments should be omitted, also pastry and rich cakes and puddings. A child easily acquires a taste for these foods to the exclusion of those which are necessary for his best health and growth.

Children should have three meals a day. The breakfast should consist of fruit, cereal, bread and butter, milk and perhaps an egg. Dinner, which should be given at noon, should include either a hearty soup, an egg, some meat, or some fish with a potato, a green vegetable, bread and butter and a simple dessert, such as stewed fruit, custard or fruit jelly. For supper, the child may have a hearty dish made of milk, eggs or vegetables, or some cereal, together with bread and butter, milk and stewed fruit with a plain cake or cookie.

Training in good food habits is a most important part of the child's education. His meals should be served at regular times and if not ready to eat what is provided he should be required to wait until the next meal. He should be taught to eat slowly but not allowed to play with his food. Sweets should never be given between meals but at the end of a meal as a dessert. Children should never be allowed to drink tea or coffee.

The food stories in this and successive issues may be helpful in suggesting methods to be used in teaching what and why certain foods must be eaten.

As Big as Mother

ONE day when we were in the country we saw right on the ground a brown and white ball. As soon as we children came near, it commenced to get up and it got up and up and up, and we thought it never would stop. Its legs were *so* long and its body *so* thin and on one end hung its head. We thought the calf couldn't know very much because her head seemed too little to guide those long four legs. But the very first thing she did was to go right over to her mother to get some M-I-L-K. And what do you think? Every time we went out to see her she was going to her mother to get some M-I-L-K.

One day she said, "I want to go out into the meadow with my mother to eat some grass." The next morning her mother took her to the meadow. When she put her head down to take a bite, the sun shone down on the grass and the wind blew it until it tickled her ear. Then the grass whispered to her and said, "I'm getting something for you." And every morning when she went out into the meadow and the sun was on the grass and the wind blew, the calf put her head down to take a bite and the grass tickled her ear as it whispered, "I'm getting something for you. I'm getting something for you."

One night when the calf was walking home beside her mother she said, "Why, mother, I'm as big as you are! I'd like to give milk to boys and girls to make them grow." And the very next morning when she went to the meadow and put her head down to take a bite of grass, the sun shone down on it, the wind blew, and the grass tickled her ear and whispered, "Give the boys and girls what I've given you." The calf was shy and rooted her nose around the ground trying to get up her courage to ask what it was. At last she took a big bite, then put her nose down and asked, "What?" and the grass answered, "Growth materials! Vitamins! to make boys and girls grow."

Now, will *you* drink milk so as to grow as big as your father and mother?

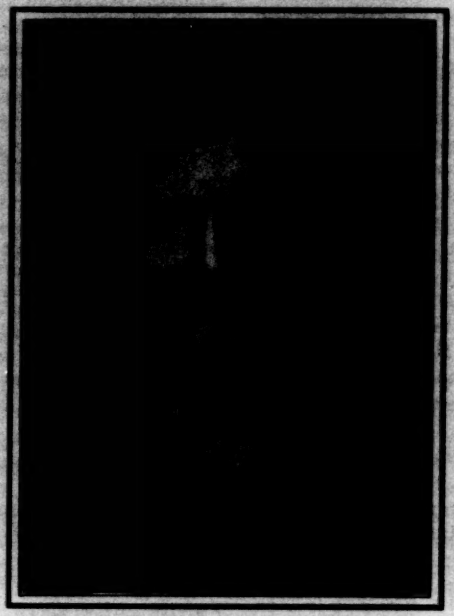
An Extremely Valuable Report

THE analysis by Dr. Robert Morse Woodbury of maternal mortality in this country and published under the title, Maternal Mortality, by the Children's Bureau is said by Grace Abbott, Chief, to be one of the most important reports put out by the Bureau.

The most important single cause of maternal deaths is shown to be puerperal septicemia—an almost 100 per cent preventable condition if proper asepsis were generally employed!

The whole report, which may be had for the asking from the Children's Bureau, U. S. Dept. of Labor, Washington, D. C., is a powerful argument for such a preventive program as is suggested by the report. It is high time for this country to take her place with the progressive countries of the world in the care of the mothers of the race.

Who's Who in the Nursing World



LXIII. JENNIE QUINN CAMERON, R.N.

Neither marriage nor motherhood has dimmed Mrs. Cameron's interest in her profession, although she "can no longer travel long distances to attend national meetings."

Although a native of Pennsylvania and a graduate of the School of the State Hospital at Scranton, it is with nursing in Mississippi that Mrs. Cameron's name is indissolubly connected. She has years of private duty to her credit, she has been an instructor, an anesthetist, and a technician in Radiology. Aside from her work in the nursing organizations, she is best known, however, for her administrative work in the Hattiesburg Hospital.

Long in the forefront of professional activities in her adopted state, Mrs. Cameron assisted in organizing the State Association and was its first president. She is still its very active secretary and is also chairman of the State Red Cross Nursing Committee. She assisted in drafting the nurse practice act and was president of the Board of Nurse Examiners for the first five years thereafter. It is not strange then that nursing in Mississippi and Mrs. Cameron are synonymous terms.

EDITORIALS

Stella Boothe

PERHAPS we shall think of Stella Boothe most often as she would wish us to—as the creator of Mary Gay, that bright child of health and joy who with her comrades delighted so many children into an active interest in things healthful. This happy child was a very real and a very dear person to Stella Boothe. She lived not only in the Little Health Theater but in the Mary Gay books: A Bedtime Adventure, Mary Gay's Stories, the Morning Circus, and Jimmie and the Junior Safety Council.

Those of us who worked with Miss Boothe (as she was generally known) will always remember her enthusiasm and her purposeful energy. She was untiring in her efforts to carry out to the minutest detail any project related to health or nursing. A public health nurse herself, she was interested in all things pertaining to health and nursing. She was a graphic teacher of ability and made use of demonstration material and method in an unusual way. It was she who originated the Museum of Hygiene connected with the Medical School of New York University and directed it in association with Dr. W. H. Park. There she taught students the simple facts and demonstrable details so frequently omitted in the learned atmosphere of the formal medical class and so vital when the students later go into homes, as physicians and nurses, to apply their scientific knowledge. The demonstration material collected for the Museum of Hygiene will be used in the educational program of the Bellevue-Yorkville demonstration. Miss Boothe had the power to make the practical phases of health teaching artistic, dramatic and appealing. She longed to use her ability for the advancement of nursing education and just before her death did the thing which most satisfied her in her nursing career. She planned and saw carried out the nursing exhibit which is now in the Education Building at the Sesqui-Centennial Exposition in Philadelphia. She put it all in place and remained in Philadelphia to explain its implications until the very day she went to the hospital. Every phase of nursing shown in the charming panorama is correctly and sympathetically drawn. It is a matter of professional gratification that her last work was a real contribution to the entire profession and was carried out with the approval of the three national nursing organizations.

A. E. D.

Real Treasure

A RECORD of 300 private duty cases deserves to be classed as real treasure, for to its possessor it represents the whole gamut of existence; the luxury of the homes of millionaires, the dire need of the squalid place over a pawnshop that was to be home for a baby delivered on newspapers; it represents homes where three or four were ill at once with influenza and the one where four diphtheria patients required simultaneous care, and it is a constant reminder of the "great satisfaction of watching for symptoms of recovery." "Most of my patients were fairly young which probably accounts for the few deaths in my practice," writes this nurse, quite failing to take any credit for the part played by her own devotion and nursing skill.

Further inquiry elicited the existence of business records for the past several years which show an average income of $1,500 and annual savings of $800 while a postscript naively states, "I go heavy on investments."

Significant as these things are, the

most interesting statement in the entire document,—a long and friendly letter from a private duty nurse we hope some day to know—is this: "The winter of 1912 and the following years, when most of the nursing was in homes and out of town, were the days of real sport." One unconsciously contrasts the sportsmanship of such a nurse with that of the young person who, although registered for hospital specialing, recently declined a hospital call because she had never been in that particular institution before.

Is it true that the effort to improve living and working conditions for nurses has weakened their moral fibre and destroyed the sportsmanlike qualities that made an older generation of private duty nurses defy the very elements in their fight for their patients' lives? Is there danger that these efforts will prevent young nurses developing their powers to the fullest and living their lives to the utmost? Is it true that our professional fibre is growing flabby? These are not mere rhetorical questions. They are searching questions which are asked somewhere every day. In order to answer them, the *Journal* would like to hear from other nurses who have records of their greatest treasure, the services they have performed, and who have ideas on the subject of perpetuating for our own soul's sake the sportsmanship of the pioneers.

The League's Curriculum

THE National League of Nursing Education has decided to call the revision of the curriculum prepared by the Committee on Education, which will shortly appear in book form, simply "The Curriculum of the National League of Nursing Education," instead of, as in the past, the *Standard Curriculum*. Why? Because of the many misconceptions and misunderstandings of its use and purpose. The Curriculum has never been nor can it ever be imposed on any school or on any one state by the League. It is important for every one concerned to remember that fact. It is in no sense a required thing. It is offered by the League solely for the purpose of helping the schools and it is the product, as has often been said, of many minds. It is a curriculum which has been agreed upon as a reasonable working basis for the higher grade of American nursing schools. It is not expected or intended that any school should follow such a program of study slavishly, for "it is hoped that they will use it as a stimulus to their own thinking, pull themselves up to its best recommendations, adapt it to meet their own needs and conditions, and that they will improve on it whenever possible."

Any person who has attempted to build up a curriculum knows that it is much easier to begin with an outline, any outline—than it is to begin with an empty slate, as it were. It is because it gives something very definite and worth while to work toward, or to work from, that the curriculum is so valuable. This Curriculum is not to be confused in any way with the requirements of State Boards of Nurse Examiners. Unless it has been officially adopted by a State Board, and this has not been the case very generally, it cannot be required of any school. It has not, for example, been adopted by the New York Board, because that Board has developed a curriculum intended to meet the needs of its own particular schools.

Let us say again that this Curriculum is intended solely to be helpful to schools which are endeavoring to improve their teaching and to meet what are so generally recognized as desirable standards. It has already been outgrown by certain schools which have met and passed its requirements.

We again remind our readers of a fact stated by the Committee, in its

tentative Introduction, published in the *Journal* for March, 1925: "The Curriculum itself is relatively useless unless there are teachers and supervisors to interpret it and apply it."

About 5,000 copies of the Curriculum have been ordered since it was first published, in 1917, and it has been used with profit not only at home but also in other lands which find it particularly valuable when starting new schools.

A National Board of Nurse Examiners?

DOCTOR ELWOOD'S excellent presentation of the organization and work of the National Board of Medical Examiners and Medical Licensure is timely because of the dissatisfaction among nurses over the lack of reciprocity between states. It has been very easy for those inexperienced in securing legislation and in setting examinations to suggest a National Board of Nurse Examiners as a panacea for all such ills. Doctor Elwood's article shows clearly that, although desirable, the organization of such a board is extremely difficult and the necessary financial outlay would be prohibitive for nurses at the present time. Furthermore, it is clear that if the excellent medical plan were to be followed at all, only particularly well qualified nurses would be benefited.

Knowing the difficulty of securing and of retaining nursing legislation, it is with some diffidence that we suggest a careful study of state laws with a view to making them as nearly uniform as possible. The present thought on nursing education would seem to indicate that an arbitrary *minimum* of three years' training is too high. Certainly it is an injustice to a student to force her to remain for three full years in a school which barely meets the other requirements of a state board and really has not a well rounded experience to offer.

Much could be done, too, to equalize the educational requirements. Whatever a state has decided shall be its requirements, whether one year or four years of high school work, should be proved by documentary evidence which is evaluated by an educational authority, such as the entrance examiner of a state university. There would then be no "oscillating about an equivalent" or acceptance of credits in one state which would prove meaningless in another.

Is it not time that some provision be made for the nurse who has wittingly, or all too often unwittingly, graduated from a non-accredited school? One sometimes hears of nurses whose service has been conspicuously good coming up against the bar of compulsory registration and who, finding that it checked further progress, have either dropped out of nursing altogether or have gone all the way back to the beginning by entering an accredited school. We believe it is time to think very seriously of such people. Many of them have taken supplementary work of various sorts. Would it not be possible to give them a special examination, for which a special fee might be levied, and thus allow them to demonstrate their actual fitness for the practice of nursing?

The idea of a National Board of Nurse Examiners need not be permanently shelved, but the time is not ripe for it. It is, however, over-ripe for an improvement in existing laws.

Private Duty in the Century

MANY nurses are already *Century* "addicts." Those who are not, will want to read the September number, for it contains the most penetrating and sympathetic article on nursing by a lay woman we have yet seen. Martha Bensley Bruère calls her article "The Impossible Profession," but what she discusses is not the profession as a whole but the difficult conditions of private duty, difficult alike for nurse and patient of moderate means.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

Ethical Problem IV

THE following questions are grouped because they are fundamentally alike.

Is it considered ethical for a nurse holding an administrative or teaching position to resign immediately after a vacation? What factors should the nurse consider in making such a decision? What are the ethical principles involved in approaching nurses who are holding positions to offer them other positions? What procedure should be followed, or is it ever ethical to attempt to break into the school year of another school?

One of our greatest teachers of ethics states that all ethics comes from three fundamental principles:

1. Make *clear* your agreement.
2. *Keep* your agreement.
3. *Improve* your agreement.

Let us grant that in the type of situations considered above, the agreements on both sides have been reasonably clear, i.e., that if a vacation were granted without mention on either side of severing the connection, it would be assumed that the contract, even though unwritten, would continue. Custom has made thirty days the period of "notice" for many positions within as well as without the profession. A very important factor however which should be considered in resigning from an important position is the length of time necessary to fill the vacancy. Teaching positions are difficult to fill. Only under the most pressing circumstances should a nurse holding such a position resign after a vacation when presumably the school was depending upon her to inaugurate the work of the new term.

Time was, and not so long ago, when it was considered unethical ever to approach a nurse holding a position with the intention of offering her another position. The rapid growth of the profession as well as the example of other professions has brought about a change and positions are now rather frequently offered in this way. It would, however, be unwise to attempt to break into a unit of time, such as the school year, without discussing the matter, not only with the individual desired but also with the director of the organization whose work might be severely crippled. The better type of administrator desires the advancement of her subordinates and will usually make every legitimate effort compatible with the good of her own organization to release those to whom real opportunity comes.

The three ethical principles so simply stated above apply so aptly to the problems stated that they require little elucidation.

Too Late for Classification

Institutes and Special Courses

New York: A course in Institutional Management, under the direction of Edgar C. Hayhow is being given on Thursday afternoons from September 23, 1926, to May 12, 1927. The classes are held in the School of Commerce, Accounts and Finance of New York University, East Washington Square, New York.

Pennsylvania: THE PENNSYLVANIA LEAGUE OF NURSING EDUCATION will hold an Institute for Instructors and all interested in the education of the student nurse, in conjunction with the Annual Convention held in Philadelphia the week of October 25. There will be five half-day sessions,—Oct. 28, 29 and 30. Among the speakers are Miss Whitley and Miss Stackpole from Teachers College, Columbia University; Docter Kolmer of the Post Graduate School of Medicine in Philadelphia; Miss Friend of Temple University, Philadelphia; and Miss Heatley of South Side Hospital, Pittsburgh. Headquarters will be at the Benjamin Franklin Hotel, Philadelphia.

State Boards of Examiners

New Hampshire: THE NEW HAMPSHIRE BOARD OF EXAMINERS will hold examinations for the registration of nurses, October 14 and 15. Ednah A. Cameron, Secretary, 8 North State St., Concord.

West Virginia: THE WEST VIRGINIA STATE BOARD EXAMINATION FOR REGISTERED NURSES will be held Wednesday, October 20 at Huntington, Bluefield, Martinsburg and Wheeling. Secretary, Mrs. Andrew Wilson, 1300 Byron Street. Wheeling.

Supervision and the Teaching of Surgical Nursing[1]

BY MARGARET A. TRACY, R.N.

SUPERVISION and teaching, how frequently do we find these two bracketed together. Almost every educational periodical carries an article which deals with the joint subject. Just what is the relationship of the two? Is the relationship in our schools of nursing the same as that in other educational fields? Yes and no. Perhaps an analysis of the meaning of the less well understood term will help to clarify the subject. "Supervision," says Burton, "has to do with the selection and organization of subject matter and the improvement of teachers in service." Those of us who are supervisors in our schools of nursing today appreciate the fact that this is only a part of what is expected of us. Our supervision must not only meet the above requirements, but must do more. Ours is the responsibility for the safety and comfort of the patients with whom our students are working. Most of us are not only supervisors of medicine and surgery, etc., but we hold joint appointments as instructors in these subjects as well. While increasing our responsibilities, such a program also increases our opportunities to develop a type of supervision which is democratic leadership. The same student with whom we are struggling in the classroom is the student who is offering the problem to our head nurse on the ward. In a very practical way we are sharing a problem, the solution of which we must work out together.

In common with other educational institutions our schools of nursing are grappling with the problems which are causing concern to educators in every field. The universal cry is that there are not enough trained teachers. Curricula are revised, old textbooks scrapped and new ones written in an effort to better organize the mass of miscellaneous subject matter. Methods of teaching have been scanned, experimented with, and revised so that they will conform with the recognized laws of learning. The best minds of the profession are giving constant thought to bettering conditions. As a result of these efforts in recent years, greater emphasis has been placed upon developing a more definite and helpful type of supervision.

"Of the numerous agencies for the improvement of teaching, now in action," says Hosie, "supervision is by far the most important. Indeed, upon it depends in a large measure the effectiveness of all the others. For the supervisor is closest to the situation. He can best decide what help is most needed. He can best provide for continuity and individual needs."

In our schools of nursing we are finding these problems not less, but more pressing than do other schools. Our supply of adequately trained teachers is perhaps less adequate in proportion, because we have been concentrating on the problem for a shorter period of time. The rich storehouse of knowledge which we find in our hospital wards and clinics is just beginning to be organized into

[1] Read at the annual meeting of the National League of Nursing Education, Atlantic City, May 20, 1926.

a definite "content of experience," which we can offer to our students. We are awakening to the fact that we have real projects vital to human health and happiness for our students' daily experience. We have a field peculiarly rich in situations where the student "learns by doing."

In all schools of nursing, a large per cent of the student's time is spent in learning through practical experience. In the Yale University School of Nursing the proportion is 1,080 hours of classroom instruction to 3,384 hours in the wards, clinic or district, a ratio greater than three to one. Since such a large proportion of the student's time is spent in gaining this experience, it is here that most of the supervisor's effort must be directed. It is here that the quality of the teaching is most important.

Obviously, we must recognize the status of our head nurses, as that of teachers, for under their direction the student spends such a large proportion of her time. Accepting the fact that many of them have had no adequate preparation for the positions which they hold, that those who have had definite training for the teaching end of the work come to us fresh from the classroom with no experience in the actual management of the ward, which is their schoolroom, gives the supervisor her first problem. Let us consider first how she can help in the development of these teachers.

It is the supervisor upon whom devolves the responsibility in most instances of interpreting to the new head nurse, the ideals and the plan of the school. This we do largely through conferences, individual and group, held at regular intervals and following a definite program.

Through the supervisor the new head nurse must learn the mechanics of running her ward, efficiently and with the least expenditure of time and energy, so that she will have enough of both left to carry on the bigger part of her program, the teaching of her students. From the supervisors she learns how to order suppplies and how to conserve them, how to plan and direct the work of the maids and orderlies, how to plan a time schedule which will keep her ward adequately covered at all times and yet allows for the necessary class and off-duty time for her students and staff. Hospital regulations and routines, what forms are used and how,—these things she must know. Only a well ordered ward, running with the minimum of effort on the head nurse's part, will make a good teaching field.

From the supervisor she must learn how to equip her ward and keep this equipment up to the required standard. She must be shown that good teaching cannot be carried out where the necessary tools are not at hand. On the other hand, we have gotten away from the idea that a student must be given a three-inch bowl to work with in the ward, if she has been taught to carry out a certain procedure in the classroom, using a three-inch bowl. We are preparing students to go into homes, whether as private duty nurses or public health nurses. Their experience in the hospital must not make them dependent upon fixed equipment.

The head nurse must see the problem of equipment from the standpoint of the effect on her teaching of the student. She must realize her obligation to teach certain fundamentals of good nursing procedures, help her students fix standards which can be carried over into situations less ideal than those they meet in the hospital ward.

This sort of help she can get best when the supervisor is available for daily conference, is on hand to help in solving each problem as it arises. Much of it can be taken up in prepared individual conference which the supervisor

holds with each new head nurse as she comes on the service. Most of it is acquired in the daily solving of the problems as they come up on the day's work.

In addition to these individual conferences in the Yale University School of Nursing, each department has a conference monthly attended by the supervisor and head nurses of that service. To these are added a representative of the out-patient department, special workers, as the subject of the day might indicate, such as the special teacher of nutrition, the physiotherapist, or the head nurse of the operating room. At the first meeting a program for the year is agreed upon by the group. The head nurses decide what are the problems with which they would especially like the help of a group discussion. The following outline of subjects which are being discussed in the surgical nursing conference this year are typical of the problems in the solving of which the head nurses feel they would like the help of the group.

1. Diets and diet teaching in surgical wards.
2. Standardization of trays for surgical treatments.
3. Practical teaching aids on the ward.
4. General surgical procedures; demonstration, equipment and preparation of dressing carriage; preparation and conduct of surgical dressings.
5. Records on surgical ward; Refer and follow-up cards to Out-Patient Department.
6. Necessary precautions for individual isolation on surgical wards.
7. The role of the nurse in occupational therapy.
8. The responsibilities and opportunities of a head nurse.

Whenever a new routine is introduced or an old one changed, the group discusses the best method of introducing the change so as to secure the most satisfactory results. In this way each head nurse is prepared to teach the new system to the graduates and students under her direction. Better still she is not being asked to introduce something new which she had no part in planning. Someone has said

> the best way to promote growth in a teacher is neither to let her do as she pleases, nor to force her to do as you please, but to get her to please to do what you please to have her do.

We find this is a very effective way of getting across the new ideas which we wish to introduce.

Part of each of these conference hours is devoted to new problems which any member of the group may wish to bring up and which has not been provided for in our regular program. Through these conferences we do feel that we "inspire and encourage the good teacher, bring up the work of the average or mediocre ones" and make every member of the teaching staff feel that we are working together on a definite organized program.

In selecting and organizing the subject matter in any one subject, we take into consideration the fact that there are certain nursing procedures which can be learned by the student equally well in any department such as giving a bath, or making a bed. It is also true that each department offers certain experience which the student can get there better than in any other place. Thus, for instance, a student can learn most conveniently in a surgical ward, the care of a patient on a Bradford frame, assisting with a surgical dressing, the care of a patient in shock.

These procedures and nursing experiences which we can offer best in the surgical wards are grouped and classified as "Special Procedures in the Surgical Department." They are conveniently arranged on a large sheet with spaces for entering each student's name as she comes on the service.

We say to the incoming student:

> This is the content of experience in this department. You are going to be here for so many weeks. Let us see how many of these

experiences you can get during the time you spend here.

In this way the student has a very definite idea of what are the possibilities for new experiences for her in that particular service. As she checks her own practice day by day, she has an opportunity of contrasting her own progress with that of other students who are working with her. Nor is the usefulness of these cards limited to the student.

The head nurse uses it as a very definite guide in assigning patients to students so that she may give them the care of patients who require the particular skills which the student has not yet had an opportunity of practicing. To her it becomes a very valuable teaching aid.

Now we come to ways and means of improving the teaching act. There are numerous ways of doing this. Assignment of cases to students are always made in advance and follow the same general plan throughout the school.

The head nurse makes for the staff of her ward a plan for clinical experience for the week. All of the patients in the ward are divided into groups. Each student is assigned the care of one group and the relief care of a second group. In making out her time schedule for the week, the head nurse alternates the time of each two students, so that one is on duty when the other is off. This clinical experience sheet is posted in the ward so that any student can tell at a glance the group for which she is responsible. She knows she will care for this same group until she and the head nurse feel that she has gotten the experience which these particular patients offer.

The student is asked to study each patient in her group and to make a plan for his nursing care. This plan, briefly outlined on a card, is submitted to the head nurse for suggestions and approval before being put into effect. It is attached to the patient's chart and is a conveniently followed guide of the care any patient is getting at any time.

She keeps an experience record, daily, on which she notes the diagnosis, the observation of symptoms and signs related to medical diagnosis, the family or social problem where one exists, the nursing care, treatment, diet, and teaching experience, observation of symptoms related to nursing care, and an analysis of her own work. At the end of the month she summarizes this record.

Through her weekly record conference with the student, the head nurse quickly learns just what the experience has meant to the student, just what she has gotten from it. From her personal observation of the student, and a study of the record she can point out pertinent facts which the student may have overlooked.

With the help of the head nurse, the student selects several patients in each service of whom she makes an intensive study. These case studies include all the family, and personal history of the patient in any way related to his present illness or future plans. It includes a careful analysis of his hospital treatment and progress, any social adjustment which it may be necessary to make when he leaves the hospital and the student's plan for his future.

To keep a busy head nurse, alert, alive to teaching opportunities on her ward, always ready to direct and assist the student when necessary, is the part of the supervisor in this program. Through her conferences with the head nurse she must help to iron out the difficulties encountered in carrying on this teaching program in a busy hospital ward.

She must be ready at all times to demonstrate any procedure when the head nurse feels the need of assistance. She must be ready to supplement the head nurse's direction of the student, when the occasion demands it. She

must know the patients and their needs, the doctors and their demands, the head nurses, their problems and their capabilities, the students and their possibilities, if she is to help each to the greatest measure of self development.

When the head nurses and the supervisor together can get and hold the vision of the student as essentially the teacher, then can we teach surgical nursing in its true perspective. Ours is the fault if the student sees her patient as an "acute appendix" or "a fractured skull," not as an individual with family and community relationships. As we help them acquire the very necessary skills which they need, to care for surgical patients, we must do so in a way which will also enable them to see those skills as a tool to help them in the role of teacher and promoter of the public health.

Undergraduate Training in Public Health Nursing[1]

By Harriet Frost, R.N.

UNDERGRADUATE training in public health nursing is of such comparatively recent development that it is difficult to present many data or to draw definite conclusions. It is gratifying to know that the N.O.P.H.N. is undertaking a study of this subject, and from such a survey we may look for valuable findings and recommendations. The subject has been one of special interest recently, owing to the revision of our curriculum and the necessity for careful evaluation of every phase of experience offered.

Original Purpose—It is interesting, though not at all surprising, to note the changing emphasis which ten years have wrought in the purpose of this affiliation. During and immediately after the war it was urged as a patriotic duty to prepare nurses quickly for the field of public health nursing. Like all sudden demands, it created a sort of panic from which we have been gradually recovering. It was looked upon as a means to an end, having in mind more especially the needs of the community.

To what extent the training of undergraduates has affected the actual supply of public health nurses, is a difficult question to determine, but probably *not* to a very great extent. On the other hand, since the majority of public health organizations are obliged to train their own workers, we find that nurses who have had even the minimum of two months are gratefully received on the staff.

Present Objectives—While this experience has not proved entirely satisfactory from the point of view of preparation for public health work, it has nevertheless done something distinctly worth while to our nurses. It has given them something which hereafter no nurse can afford to miss. Therefore many of us are now advocating that some such experience be included in the regular training of *every* nurse rather than given as an elective to a few.

This change of emphasis from the effect upon the work, to the effect upon the worker *(nurse)*, is quite in keeping with the trend in modern education, social service, and religion. Each experience is considered not only for its more tangible results, but for its effect upon the individual. Let us consider

[1]Read at the Biennial Meeting of the National Organization for Public Health Nursing, under the topic, "Trends in Public Health Nursing Education," Atlantic City, May 24, 1926.

then some of the things which experience in public health nursing actually does contribute to the fundamental training of the nurse:

(1) It gives her a perspective which is difficult to gain except when one comes in contact with a great variety of people in a great variety of homes. Situations in a hospital are necessarily so concrete and emergent that it requires much of one's attention to do the necessary thing at that particular moment. Getting outside into the community, the student finds the tragedies of birth, death, and life itself "diluted" with such homely, everyday things as food, clothing, rent, housing. This has a very steadying effect, helps the young nurse to keep her mental and spiritual balance and to gain a clearer perception of life as a whole.

Looking back upon the tenseness of our own early hospital days, perhaps we all remember what a feeling of surprise and unreality it gave us to emerge from the hospital ward into the outside world where people were pushing and jostling and loafing and shopping and pleasuring.

(2) It places the necessary emphasis upon prevention chiefly by presenting vividly the causes of disease as illustrated in the environment or in habits of daily living. In the hospital, only the *effect* is seen, therefore curative measures are more in evidence. In the home, one sees the relation between the way people live and the way they *feel* and act. One is able to see the insidious beginnings of disease right in connection with the causes. One sees also the tedious convalescence with all its discouragement and its difficulties of adjustment to ordinary life again. This to my mind is the most important purpose, the focusing of interest upon the beginnings of illness and upon convalescence, two stages of illness which it is impossible to study except in connection with the home.

(3) It gives opportunity to apply this knowledge and skill in all kinds of circumstances and in all kinds of homes. It is one thing to care for a patient in a hospital equipped for that special purpose, another to care for the same in a home lacking even the ordinary conveniences; to prepare a baby's formula in the milk room of a hospital, and in the kitchen; to prepare for the coming of a baby in the delivery room of a hospital and in the average home. Yet the home and not the hospital must receive the great majority of babies and must care for most of the sick.

(4) In accordance with present teaching that the health of a family depends so much upon the everyday habits of living of its members, the nurse is expected to have a live workable knowledge of hygiene and a keen human understanding of the difficulties of adjusting habits.

It is one thing to learn the rules of right living, another to apply them under actual conditions. It is a far cry from the adjustment of diets in a hospital to that same adjustment in the home for so-called well people, when racial customs, cost of food and community markets have to be taken into account. Dietetics as taught in the average hospital leaves the nurse more or less helpless to grapple with the problems of nutrition in the home.

(5) By presenting the tremendous need for health education, it stimulates the nurse to develop the personality and the teaching ability to impart knowledge to others in such manner and by such means as the occasion requires.

(6) In order to note the slightest deviations from health, the nurse must learn to know health as well as sickness, how to set a standard and how to create a desire to reach it. This has a stimulating effect upon her own personal health, since that is the visible trademark which she carries about with her.

(7) While health is so largely a matter of individual concern, the nurse soon sees how dependent it is upon community conditions. She also becomes familiar with the various types of activities which the community affords for safeguarding the health and welfare of its people. These become familiar by actual contact with them in her work of family health supervision.

(8) It provides additional clinical experience in the care of some types of patients not ordinarily found in the wards of a general hospital, such as advanced and incipient tuberculosis, acute communicable diseases, minor skin conditions and the care of chronic conditions of long standing.

(9) A final and very evident purpose is that of vocational guidance to the student at a time when she needs assistance in trying to decide what field of nursing she is best fitted to enter. It does also furnish a valuable basis for further training should the student decide later to seek this. The actual amount of credit allowed in a postgraduate course for this undergraduate training is always a difficult question. This two months' training is of course understood to be merely an introduction. Even where four months' undergraduate training is given, it cannot be considered the equivalent of four months' postgraduate training. In the first place, the whole attitude and point of view are so different. The student "sampling" a type of work is one thing; the postgraduate preparing herself at her own expense for an immediate job, which she must learn as quickly as possible, is another. Another difficulty is that unless the organization giving this affiliation has a generalized service, it is practically impossible to give, even in a four months' affiliation, a "sample" of all types of public health nursing and any experience in a social agency. This necessitates a too frequent change of the student from one organization to another and increases the difficulty of administration.

How and When This Experience Can Be Given—It seems important that some introduction to home conditions should be given early in the nurse's training, while new impressions are being received and new attitudes formed. This is usually suggested either in the preliminary period or at least early in the first year. There might be a few days, even one or two half-days, spent in visiting with a worker from the social service department, and given in connection with the lectures on the Social Aspects of Nursing. This should not be difficult to accomplish since the arrangement is merely through the two departments of the same hospital. Later in the training, during the Senior year, the larger consecutive period of experience, preferably two months, is given. The two suggestions for providing this experience are:

First through the social service department of the hospital. The facilities which might be used here are very clearly stated in a recent report presented by Miss Robson called, The Pupil Nurse in the Out-patient Department. It is clear that in the majority of hospitals, these facilities are not being utilized and that radical changes would need to be made before it could be considered an available facility. The advantages would be the opportunity to study home conditions in connection with the scientific treatment of the hospital, and also the ease of administration through coöperation with the social service department. The disadvantages are in the loss of the point of view gained by working in a separate organization and also the lack of contact and competition with students from other schools.

The second means suggested is that of affiliation with a public health nursing organization, which includes a general

family health program. In order to safeguard the service to the community, as well as to insure the maximum educational value to the student, it is essential that this training should be given only where high standards are maintained. These have been outlined quite definitely by the N.O.P.H.N. and the points considered should be:

(1) The amount and kind of experience available.

(2) The quality of teaching and supervision given.

(3) The number of nurses on the permanent staff in proportion to the number of students.

(4) The system of introduction to the field.

(5) The written instructions or manual used which definitely outlines policies and procedures.

(6) Provision for a definite number of hours of class instruction with group and individual conferences and demonstrations, this to be in charge of a qualified instructor.

(7) Adequate field supervision by means of records and reports and supervisory visits in the home, both with and without the student. By the use of experience cards and efficiency reports for checking up the student's work and experience, keeping the training school informed as to her progress.

Some of the points suggested for special consideration are:

(1) The actual study of the cost to an organization of this affiliation.

(2) The actual effect of the affiliation upon the student.

(3) The effect of affiliation upon the public health nursing organizations; just how many students can be absorbed with safety to the organization and to the community.

(4) In what proportion students and staff should be mixed and what ratio of students to supervisors.

These are all questions which can be determined only by careful study and by comparison of results in different schools and organizations.

In conclusion it might be interesting to hear some statements from students as to their own point of view in regard to affiliation.

Value of public health nursing from point of view of affiliating students—This experience teaches us:

1. To use our own initiative; to develop self-confidence by working without an older nurse or doctor at hand.

2. To be economical by having to plan for a family to live on a small income and by having to work with small quantities of supplies.

3. To make the best of situations. It teaches you that you can do very efficient work with far less material than you formerly thought possible. It develops the truth that success is with the doer, not the material. It brings us out of a rut to adapt to all kinds of situations.

4. To view the medical and nursing work more from the layman and patient's standpoint.

5. It inspires the nurse to continue health teaching no matter what phase of nursing she may do.

6. It renders any nurse more capable of private duty, since ideal technic is taught and contact made with the sick in the home, and with private physicians.

7. It leaves a nurse generally more capable of dealing with people and of gaining confidence of people.

8. It often leads to a better understanding of the manners and customs of foreign people.

9. It convinces of the importance of giving through organizations rather than through individuals.

10. It instructs in the use of all kinds of agencies in a community.

11. It leads to the understanding of the homes our patients come from and to contact with the entire family rather than with just one patient.

12. It teaches that home conditions are responsible for the evils of many young people.

13. It informs the nurse why people are so often unhappy in a hospital. We see the patient in his own environment and then appreciate his own struggles and often see the *cause* of his illness. The nurse who is in the hospital does not come in contact with the patient in this way and cannot appreciate his hardships.

14. It leads to a better understanding of why certain people do certain things.

15. It leads one to see how important it is to raise a family properly and observe the outcome of a careless home training.

16. It teaches one to be more *tolerant*.

Facts and Figures on the League Calendar

FOLLOWING is a table showing the distribution according to states of the 1926 Calendar, The Nurse in Poetry, published by the National League of Nursing Education. Fifteen hundred more of these Calendars were sold than of the 1925 issue, 4,773 more than of the 1924, and 8,173 more than of the 1923.

Four states sold more than one thousand of the 1926 Calendars,—New York, Pennsylvania, Minnesota and Massachusetts. Three states almost reached that figure,—Ohio, Illinois and Iowa. Two states, Minnesota and Massachusetts, definitely set as their goal a sale of 1,000 Calendars and not only did they achieve this number but exceeded it. In one state, the Nurses' Examining Board bought 100 Calendars and sent a copy as a Christmas gift to every school of nursing in the state. All of which means that in seven states almost 8,000 Calendars were sold, approximately two-thirds of the total. Think what it would mean to the work of the National League of Nursing Education if every state in the Union put forth like effort and achieved relatively parallel results.

Alabama	19	Ohio	877
Arizona	4	Oklahoma	134
Arkansas	20	Oregon	32
California	552	Pennsylvania	1,427
Colorado	160	Rhode Island	254
Connecticut	453	S. Carolina	11
Delaware	4	S. Dakota	15
Dist. Columbia	132	Tennessee	9
Florida	97	Texas	107
Georgia	117	Utah	2
Idaho	59	Vermont	3
Illinois	802	Virginia	102
Indiana	265	Washington	166
Iowa	714	W. Virginia	55
Kansas	83	Wisconsin	308
Kentucky	23	Wyoming	6
Louisiana	65	Office Sales	21
Maine	64	Canada	17
Maryland	95	England	4
Massachusetts	1,004	Alaska	1
Michigan	329	Ter. of Hawaii	2
Minnesota	1,009	Syria	2
Mississippi	11	Holland	1
Missouri	375	China	4
Montana	30	Italy	1
Nebraska	19	India	1
Nevada	0	Porto Rico	3
New Hampshire	7	Philippine Isles	1
New Jersey	469	Canal Zone	1
New Mexico	2	Brazil	1
New York	2,085	Virgin Islands	1
N. Carolina	33		
N. Dakota	6	Total	12,676

It is evident from these figures that a coöperative enthusiastic interest, yearly on the increase, has been aroused, both for the Calendar itself and for the purpose of the Calendar. A number of letters were received at Headquarters, expressing satisfaction and pleasure with the 1926 Calendar; but the mail brought also a few in which the writer, either speaking as an individual or as spokesman for a group, declared a vagueness of knowledge as to the Calendar "Wherefore" and at the same time asked information for a better understanding of its purpose. The following paragraphs are written in the hope of answering such inquiries.

At the close of the year 1924, the membership of the National League of Nursing Education numbered 1,350. As reorganization at that time had barely begun, the income from membership dues, based upon the individual annual fee of $5, totaled $6,750, the sum available for the budgeting of the following year's expenses.

The 1925 Annual Report of the National League of Nursing Education included a budget of $9,197.65 for the maintenance of its Headquarters alone. This budget, made upon the closest margin possible, provided only for such machinery as was necessary to meet the daily demands. It may be of interest to note here that at present the League Headquarters staff includes, professional personnel, an executive secretary; clerical personnel, a secretary and a bookkeeper. Half again of this staff would not be amiss for a larger program, which the organization is not only facing, but which in the very nature of developments is being thrust upon it.

Between Headquarters budget of $9,197.65 and an income from dues of $6,750 there is a difference of $2,447.65. Moreover, Headquarters is not the only expense of the organization. The printing and mailing of the Annual Report, which is sent to every member as part of membership privileges, costs yearly $1,000 or more, depending upon the number of members and the size of the volume. The annual convention presents an expense item which varies likewise, but which at its minimum is no less than $500. There are other expenses, incident to every organization, such as stationery, postage, etc.

It is evident that income from membership will not cover the expenses recorded above. In order that the League might meet its financial obligations, "carry on," and continue to stand as it has for some thirty-six years, a stimulating, creative force, for finer ideals and higher standards in nursing education, the Calendar was introduced.

Occasionally one hears it said that the Calendar is not a sound way to add to the support of the organization. Theoretically, that may or may not be. But the facts are, summed up: First, that each Calendar has had a distinct professional, historical and literary value; and second, that it is helping to meet a financial stress. One does not have to think very hard or look very far to find parallel efforts in other organizations, examples: The National Tuberculosis Association Christmas seals, and the autumn yearly drive for Red Cross membership.

This then briefly is the story of the Calendar. Help sell the 1927 Calendar. It speaks for itself. Twenty thousand and no less is our goal.

Send orders to National Nursing Headquarters, 370 Seventh Avenue, New York, N. Y. Price $1 per single copy; 75 cents per copy on all orders of fifty or over delivered in one shipment.

Questions and Answers

The editors will welcome questions and will endeavor to secure authoritative answers for them.

20. What is lumbago and what is the accepted treatment?

Answer.—Lumbago, according to Stevens' Manual, is that form of Myalgia in which the lumbar muscles are painful and immobile. The condition may be acute or chronic.

Acute myalgia is usually due to over-exertion or to chilling and wetting, especially when the body is overheated. Many writers lay stress upon a "rheumatic" or gouty diathesis. It is sometimes associated with acute articular rheumatism.

Chronic lumbago may be the result of (1) disease of the spine or sacroiliac joints; (2) defective muscular balance (faulty posture, spinal curvature, flat foot, shortening of one leg, etc.); (3) traumatism; (4) abnormal abdominal or pelvic conditions (visceroptosis, renal calculus, retroversion or prolapse of uterus, ovarian disease, prostatic lesions, etc.); chronic focal infection of the tonsils, teeth or elsewhere; (6) chronic intoxications (lead, diabetes, gout, etc.); and (7) neurasthenia or hysteria.

Treatment.—In acute cases anodynes are required. A combination of acetylsalicylic acid and acetphenetidin, with or without codein, usually suffices. Locally, heat, support by adhesive straps, dry cupping, or friction with a stimulating liniment, will afford much relief. Persistent myalgia is sometimes favorably affected by massage and high-frequency electric currents.

In chronic myalgia, treatment must be directed to the underlying cause. Cases of lumbago due to sprain, arthritis or sacro-iliac relaxation will require immobilization of the parts by straps of adhesive plaster or specially constructed corsets. Unilateral defects in balance are sometimes corrected by elevating one heel. In septic cases the primary source of the infection must be removed. Backache resulting from relaxed muscles and postural curve will be benefited by the assumption of a correct standing and sitting position, gymnastic exercises, massage, shoulder-straps, etc. In severe cases, irrespective of the cause, recumbency for a part of the day is often necessary at first.

Board of Health Coöperation

CHICAGO'S HEALTH *(for August 17) edited by Dr. Herman N. Bundesen, the Commissioner of Health, is devoted entirely to the new hourly nursing service under the graphic caption, "The Hourly Nurse Saves Health and Purse."*

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

The Annual Convention

SEVERAL new departures will lend unusual interest to the American Red Cross Annual Convention to be held October 4 to 7 in Washington, after two years away, St. Louis, Missouri, having been the location of the 1925 conference. Most of the meetings this year will be held in that classic Grecian building, headquarters of the United States Chamber of Commerce, opened since last convention visitors were in the national capital. President Coolidge will address the Monday evening session in the Continental Memorial Hall.

The Chamber of Commerce is but a few minutes' walk from National Headquarters and is ideally planned for convention sessions with its finely proportioned auditorium seating 1,000 and its halls seating from 200 to 400, grouped around a beautiful, open, arcaded court.

Instead of round tables separate for each service as in other years, these meetings will concentrate on one main topic, as The Nurse and Public Health, and will discuss it from their varying viewpoints, giving more beneficial discussion from the community angle and achieving a solidarity of working that must tend to make a project more effective. This particular round table on Tuesday morning, October 5, will attract all interested in public health nursing, home hygiene, nutrition and first aid instruction. Similarly these varying aspects of health work will have collective part in The Red Cross and the School which in the afternoon will continue a morning round table of purely Junior Red Cross problems.

General sessions always attract. The first one will be opened at 10 o'clock Monday morning with a band concert, after which Judge John Barton Payne, Chairman of the American Red Cross, will make an address, reviewing the outstanding Red Cross activities of the year. Colonel J. Franklin Bell, Board of Commissioners of the District of Columbia, will welcome the delegates in behalf of the District government.

Problems of city and rural chapters, where the nurse's viewpoint will be wanted, takes up Monday afternoon after which members of the Central Committee will hold a reception for delegates.

President Coolidge's speech on Monday evening will be followed by addresses from James L. Fieser, Vice Chairman in charge of Domestic Operations, American Red Cross, and Grace Abbott, Chief of the Children's Bureau, U. S. Department of Labor.

Again the nurse will have opportunity for participation in the Disaster Relief program scheduled for part of Wednesday morning. After the closing business session on Thursday morning, delegates will leave by special electric train for Annapolis where they will witness a life saving demonstration in the United States Naval Academy pool, after which they will be received by eminent officials and entertained at tea.

Nursing Delegates

DISTINCT from the Convention always held in October, which is a matter of general interest covering a wide field, is the Annual Meeting, legally set for "the first Wednesday before the second Thursday" in December, which is a specific business session for the election of national officers and a discussion of general policies. State Associations of Nurses, as has been pointed out before

in these columns, are entitled to send delegates to the Annual Meeting. As many State Associations are holding their own annual meetings during this month of October, or next month, here is a small reminder to each that the time is opportune for the nomination of such a delegate, so that they will be ready when the notification of the meeting reaches them from National Headquarters.

Miss Fox Returns

ELIZABETH Gordon Fox, Director of Public Health Nursing, who went to Europe for the conference of the Nursing Advisory Board of the League of Red Cross Societies, has returned. The meetings this year were held in London because they were largely concerned with consideration of problems connected with the two international courses sponsored by the League in connection with Bedford College. They followed the ceremonies marking the graduation of the students of the courses who numbered sixteen coming from thirteen different countries. Princess Arthur of Connaught presented the certificates, each successful student being introduced to Her Royal Highness.

Visiting Amsterdam and Paris, as well as London, Miss Fox has brought back many fascinating impressions. Among the most interesting ones are those connected with the College of Nursing in the English metropolis, where the members of the Nursing Advisory Board were invited to tea by Dame Sarah Swift, head of the nursing service of the British Red Cross. It was opened on May 31 last by Her Majesty Queen Mary. Of a group of old buildings comprising an eighteenth century house with stables and garden, Sir Edwin Cooper, the architect, has made two charming places, the permanent home and headquarters of the Council of the College and the Cowdray Club, named after Lady Cowdray who is the donor of both.

"It is a building of several stories," says Miss Fox, of the College of Nursing, "with reception rooms, assembly hall, offices, diet kitchen for the teaching of nutrition, library, laboratories and file rooms. Lady Cowdray herself did the furnishing and has carried out a particular scheme in each room with everything to correspond, rugs, furniture, vases, pictures. It is most luxuriously done, with a chaste beauty about it all, and more sumptuous than anything of its kind in this country. The rest rooms for the nurses, the different rooms for the members of the club and the little cafeteria show the same exquisite attention to detail with everything planned for convenience and comfort. Nor should one forget the two bedrooms set aside for the reception of international guests in London."

At Penn. State College

WHEN there is open discussion among the postgraduate students, comparing experiences is an interesting aftermath of the college summer sessions for Home Hygiene Instructors. The program at Pennsylvania State College was concluded just before these lines were written and several of the attending nurses on their way south stopped off at Washington to visit National Headquarters, among them Della Austin, Alice Dugger and Emily Thornhill, Delano Nurse in the Virginia mountains. Amber Mills also detoured before going back to South Portland, Maine, to her public health nursing work.

"It achieves its aim" seems to be the consensus of opinion. Instructors learn how to teach which does not merely mean formal instruction. The best teaching implies the implanting of the ideas so deeply in the minds of the students that they are ineradicable. Talking on a set subject for a given length of time is insufficient as those unaccustomed to teaching find.

A fascinating part of the course, to one Red Cross nurse, was realization of the way in which the lessons to be taught were best conveyed. Visualization seems to be the most effective. That which a student *sees* she retains, and

easily recollects as a mental picture, much more deeply apparently than what she hears. One student, to give an illustration, was assigned the task of showing how she would induce a refractory invalid child to eat a meal. Her method of "putting over" the lesson was to produce a tray, meal all prepared, with such artistic ingenuity in planning and preparing dishes in novel and enticing ways, that the teaching initiative of most members of the class was considerably stimulated. Certainly, an ineradicable impression of this form of lesson-teaching was left on the minds of those who saw how that instructor conveyed her ideas.

Impersonality of attitude, which is a trait to be found only in the broadest characters, is developed by part of this work. Written criticisms are required of certain observers who are assigned to report on a fellow student's methods of teaching an eighty-minute class. (It is to be remembered that these lessons are given another group of students, perhaps home economics teachers, who have elected to take the course in Home Hygiene and Care of the Sick as part of their summer work. So that one nurse, observed by other nurses also taking Principles of Teaching, instructs lay students in home hygiene). In reply to the question what to imitate and what to avoid through these papers each nurse-teacher learns her strong points and the points that need strengthening. An instructor who is taking teaching methods for the first time may learn, for instance, that she gives her students "the atmosphere of a hospital rather than a classroom" and speedily finds out how to modify that tendency.

That it is wholesome in a double way seems to be the impression. Apart from the improvement in teaching which results from the correction of these little weaknesses—to be expected, of course, when pedagogy is being taken for the first time—it tends to a poised character ever ready to learn and not to resent what is most helpful. Among the most outstanding impressions to the observer is the result of watching her fellow-students grow and develop and seeing the change in the way in which first and last classes are handled.

More about Dover

SIX of the fourteen women nurses, who rendered assistance after the Dover disaster under Helen Stephen, as reported in last month's *Journal*, were enrolled in the Red Cross Nursing Service: Miss Stephen herself, Margaret Ashmun, Olive I. Bott, Marion Meseroll, Martha Moore and Louise Schuster. They served for varying lengths of time.

Some idea is given of the conditions under which nurses work in disaster relief in the illustration quoted. It also reveals the helpfulness of such organizations as the Boy Scouts.

Louise Schuster and Marion Meseroll were sent to Elite Hall, Dover, to take care of the babies and to inspect the children. The only place available was in the checking room in the basement. There was one basin with running cold water. The Boy Scouts cleaned the place and a kerosene stove was obtained for heating the water, also basins, towels, soap and an electric fan. Clothes and a first-aid outfit completed the equipment, with the exception of a temporary bath tub, connected by a hose to the wash basin and drain pipe.

At first the mothers were not very willing to have their babies bathed, but after the first trial they changed their minds. Not only did they want their babies bathed but took baths themselves. Few mothers and children spoke English. About fifty baths a day were given.

Four children were sent to the hospitals for treatment and the others were examined each day for any possible infection. Instruction was also given the mothers as to how to clean heads. They gave first aid to the many small cuts and lacerations found.

Disaster relief work in this area is practically closed and all the nurses have now left.

Enrollments Annulled

YET another list is given this month of those American Red Cross Nurses whose enrollment has been annulled but whose appointment cards and badges have not been returned. Nurses are reminded that these always remain the property of the Red Cross and must be returned to National Headquarters when enrollment is annulled:

Mrs. Mina Belle Cassel (nee Wheaton), Mrs. Jack M. Christensen (nee Mary Anna Waltman), Mrs. John Clark (nee Maude Evelyn House), Edith Davies, Rachel Gertrude Dinsmore, Elsa Carola Ekberg, Nonie A. English, Mrs. Robert E. Hendricks (nee Sadie Aletha McLean), Bessie Malissa Holderman, Mrs. Thomas Hunt (nee Anna Philomena Walsh), Eugenie M. Lehman, Mrs. Joseph W. Leist (nee Laura Cotter), Helen Florence Lyons, Anna Aloysia McGonagle, Ellen Jane McDonald, Pearl E. B. Martin, Mrs. Frances Julia Mattson (nee Harder), Anne E. Patterson, Ida Robins, Doretta Jane Schaefer, Ray Ruth Sohn, Flossie Ozella Stout, Mrs. Dolly Anna Taylor, Marie Woodruff Thomson, Mrs. Pearl Helen Saffold (colored) (nee Billings).

Items

MAY BENNETT, U. S. Marine Hospital, Memphis, was one of the August visitors to National Headquarters. She was one of the Red Cross nurses drafted to Siberja in 1919 who went through the appalling cholera epidemic at Harbin and later she was on special duty at Russian Island Hospital before coming back to the United States in February, 1920.

Lulu M. Green, now at the U. S. Veteran's Hospital, Memphis, also called at National Headquarters. She served in the Army Nurse Corps from September, 1918, to October, 1920, at Camp Upton, Long Island, going at the conclusion of her service to the U. S. Public Health Service's hospital at Fox Hills, Staten Island. For a period she was at the Veterans' Bureau Hospital at Algiers, Louisiana, before going to Tennessee.

Many Red Cross nurses who have served overseas will be interested in the news that Colonel Ernest P. Bicknell, Vice Chairman in charge of Foreign Operations, who but recently arrived in Washington from a tour of the world, during which he was warmly greeted by Red Cross Societies in different parts of the earth, has left for Paris where he will take up his residence. He has been appointed Vice Chairman of the League of Red Cross Societies and will also act as its temporary Director General until May, 1927, when the annual meeting of the League will choose the successor to Sir Claude Hill who resigned at the end of last June to become Governor of the Isle of Man.

Too Late for Classification

Guild of St. Barnabas for Nurses

THE thirty-ninth annual council of the Guild of St. Barnabas will be held at Grace Church, Orange, N. J., October 20 and 21.

Wednesday, October 20—10 a. m., National Executive Committee; 1 p. m., Registration; 1:30, Papers on the following subjects: What the Guild Means to a Graduate Nurse, What the Guild Means to a Student Nurse, What the Guild Means to an Associate, What the Guild Could Mean to the Nursing Profession; 4:30 p. m., Round Table discussions; Guild Problems. Chaplains, Bishop Stearly; Secretaries, Mrs. Ireland; 8 p. m., Service, Grace Church; Address, Rt. Rev. Wilson R. Stearly, D.D., Chaplain-General. The offering at this service will be for the work of the Guild's missionary nurse, Miss Hicks, in Porto Rico.

Thursday, October 21.—8 a. m., Corporate Communion, Grace Church; 10 a. m., Opening business sessions, Grace Church Parish House; 12:30 p. m., Essex County Country Club; 2 p. m., Business session, continued; 4 p. m., Tea, William Pierson Medical Library.

A Correction

IN THE Proceedings of the American Nurses' Association, page 104, Private Duty Section, election of officers, for Ruth Gary, read Ruth Gray. On page 105, second column, 23rd line, for Tuesday, read Thursday.

The Value of Training in a Tuberculosis Hospital to a Student Nurse

By Lorna Weaver

School of Nursing and Health, University of Cincinnati

According to Dr. Linsley R. Williams of the National Tuberculosis Association, "approximately 100,000 persons die from tuberculosis in the United States each year. Nearly 1,000,000 are sick with tuberculosis part of the time, and at least 500,000 are under constant treatment for the disease. The amount of suffering is incalculable and the economic cost of caring for this enormous number of patients runs into hundreds of millions of dollars annually."—Editor.

TUBERCULOSIS nursing is becoming one of the most important branches in the nursing field. The demand for graduate nurses to fill the positions of head nurse and supervisor in hospitals and sanatoria is increasing. At the present time there are comparatively few schools of nursing in which pupil nurses are given the opportunity to care for and observe tuberculous patients.

It seems only fair to the student nurse that she be given the training which will enable her to recognize the symptoms which indicate beginning tuberculosis, since early recognition is one of the most important factors in the cure of the disease. She should be prepared to cope with situations which arise in families or communities where she knows there are tuberculous children or adults who are infecting their associates.

The School of Nursing and Health of the University of Cincinnati offers a course in tuberculosis nursing which is greatly appreciated by the students. A lecture course of fifteen hours is followed by four weeks of practical work on the wards at the Tuberculosis Sanatorium. While there, a series of lectures is given. One is in laboratory work where the staining of slides is taught and the recognition of various types of bacilli. In another, the value of X-rays in diagnosis and in following the progress of the disease, is taught. A third lecture is given in connection with an autopsy and the students observe the effect of the tubercle bacilli on various organs of the body.

On the ward, the pupil nurse learns the treatments and medications prescribed for the symptoms, however slight, of which the patient complains. Pneumothorax treatment is one of the most interesting observed. The characteristic rise and fall of temperature, the gain or loss in weight are important symptoms which she learns. The value of rest in combating this disease is impressed upon her. She learns to apply medical asepsis to every patient.

Patients who, in a general hospital, are a menace to others, and rapidly lose ground, are seen to improve under the regime of the Sanatorium. Habits of hygiene are taught the patients, which will prevent the spread of this dread disease. The observance of all types of tuberculosis from the incipient to the far advanced cases prepares the nurse to recognize it in whatever field she may be engaged. In her daily contact with these patients, she learns something of

their home life, the predisposing causes of their illness, and learns to appreciate just what the disease means not only to the individual patient, but to his family, friends, and the community to which he belongs.

If the student nurse has any fear of contracting the disease, it is soon lost as she gains the knowledge which teaches her to protect herself. In place of fear, there is an ardent desire to help exterminate a disease, which yearly takes a great toll of the young people of the country.

The hours on duty are less strenuous than in a general hospital, the tasks are lighter and the quiet routine is an entire change which appeals to all the student nurses. Living conditions are such that one's general health is much improved. A month or six weeks at the Tuberculosis Sanatorium is like a vacation in the country. It is an experience which the girls anticipate with much pleasure and one which benefits them physically as well as adds to their store of knowledge in the prevention of tuberculosis as well as the treatment.

Our Contributors

Florence J. Potts, R.N., had as a background for her work with the Shriners' Hospitals, years of service in Toronto's excellent Hospital for Sick Children. Miss Potts is so constantly "on the wing" developing and extending her service that we are exceedingly fortunate in securing for *Journal* readers a first-hand description of the work.

The readiness with which research workers such as **Doctor Sherrill** and **Miss Davis** respond to our appeals for articles is a matter for congratulation. Hyperthyroidism was prepared especially for the *Journal* at the Scripps Metabolic Clinic (La Jolla, Calif.) of which Doctor Sherrill is Director, and is an article to be put on the reference cards of both instructors and practising nurses.

We regret that we hadn't space for all of the article on Rocky Mountain Spotted Fever, which is based on the original work of the authors and for which we are indebted to the U. S. Public Health Service.

Lillian M. Alexander, R.N., is now Director of the Public Health Nurses of Atlanta. She has had a varied experience, and postgraduate work at Teachers College.

We are told that some of our readers "can hardly wait" for the remainder of **Dr. John H. Stokes'** "Social Hygiene and the Nurse"! We thought that might happen.

Dr. Everett S. Elwood is Secretary of the National Board which he describes so succinctly.

We think you will thrill to **Elise Van Ness'** (Publicity Secretary of the A. N. A.) description of the very first nursing exhibit to be placed in a national exposition in this country.

Margaret Tracy, M.A., R.N., had some years of teaching experience before entering the Army School of Nursing. She is now Supervisor of Surgical Nursing in the Yale School of Nursing.

Harriet Frost, R.N., is Head of the Teaching Department, Visiting Nurse Society of Philadelphia, and Course Director of the Pennsylvania School of Social and Health Work, Department of Public Health Nursing. She is therefore particularly well qualified to discuss Undergraduate Training in Public Health Nursing.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

A Home for Nurses

I

HOW I wish each state would take this subject up at the next meeting. Each state or as many as want to come together should have a home for retiring or disabled nurses. Hope some one will keep pushing until we get it through.

S. C. G. P.

II

IT'S a great satisfaction to know so many nurses are becoming interested in nurses' homes, a need we have had this long time. It seems to me a great pity after a nurse has given the best of her years to the service of the public there should not be a home where she could go and feel that she had earned her place. They have homes for soldiers and sailors, for old ladies and men in general. Why not a home for retired nurses, who truly are soldiers?

Illinois J. M. H.

After a Trip

IT'S a little difficult to try to put into a letter a detailed report of my trip to the Northwest, but one point is not difficult to make and it is this, the trip was one of the pleasantest I have ever taken. Nurses in Oregon and Washington certainly do know how to make one feel welcome, even as a simple individual, but coming as I did as a representative of the *Journal*, I received all the force of their love and loyalty to the magazine and its editors. I don't believe I ever saw a woman preside more gracefully and efficiently than did the Washington State President. I felt all during the conference the satisfaction I always feel when I see a woman performing a public office with grace and precision. The State Secretary, the President of the League, members of the N.O.P.H.N.—there are too many to name—I cannot say that they stepped aside from their customary manner for I felt that all this cordial hospitality was the natural and normal expression of these women. I had the feeling that I was being liked—that *The Journal* was being liked—so is it any wonder that I in my turn regard them with the most cordial feelings of friendship! M. C.

A Suggestion

AT the convention in Atlantic City our operating room supervisor met a representative of Messrs. Becton and Dickinson of Rutherford, N. J. As a result of his invitation, eight of our staff were shown all over their plant with the greatest courtesy. There are very few of our nurses—graduate or pupil—who have any conception of the work of producing a single syringe. It's a marvelous experience to see the process of making the hypodermic and needles. Each barrel and plunger is ground to fit the other. The making of thermometers, manometers and blood-pressure machines is very interesting and gives us knowledge of the care and handling never to be acquired except by seeing them assembled. If others knew this experience was available to all who care to take advantage of it, our intelligence would be vastly increased by greater comprehension.

New York J. F. S.

Odd Moments with a Grenfell Nurse

(From a personal letter)

SO many interesting things have happened. The outstanding feature is a trip into the interior on the hills, the caribou hunting grounds. My companion and I took two teams with their "carters" (drivers), food and a calico camp, deerskins to lie on, and a blanket to wrap up in at night, and drove in about fifty miles to camp on the hills. We left here at midnight with a full moon, hard-packed snow, and good teams, and drove straight into the most wildly picturesque and beautiful country. The silence is so intense that the crackling of a twig or the snow dislodged from a bough, the panting of the dogs or the cracking of the driver's long whip, and his commands sound crashingly loud. By night we put up our calico camp, small camp stove, boughs on the snow with deerskins on top, rolled up in our blankets, and slept to the gentle soughing of the firs and spruces. And oh the delectable "scoffs" that we cooked, of newly shot partridges, potatoes and onions, and much hot, fragrant coffee.

There has been a great deal of work along all lines including surgery in the poultry line. A few days ago I was called to attend an egg-bound hen. Knowing nothing at all about the anatomy of poultry, but realizing that the hen would die unless she got rid of the three eggs inside of her, I did a "major abdominal operation," removed the eggs, carefully sewed up the incision and now she lays normally,

and feels none the worse for wear. My work is varied, to say the least.

Newfoundland V. W. M.

A Commencement in China

(From a personal letter)

OUR nurses' graduation was held in December. Four girls graduated and one who graduated four years ago received her obstetrician's diploma. She has personally delivered 300 cases, the majority not being normal. The girls had said they hoped I would let them have a "low reh" time—the real translation is "a hot time." I let them go ahead and have things much as they planned, but I tamed them down somewhat. They preferred not to have the exercises at the hospital, as our hall was too small, so they were held at the church. They brought evergreen which they made into long ropes and draped around the church and in front of the pulpit. Amongst this green they stuck paper flowers they had made, green, yellow, pink, white, etc., such a gorgeous array! Then they made all kinds of hanging paper baskets to be hung around the church. Hardly a square inch was left that wasn't decorated. They had sent out about three hundred invitations but surely a thousand folks came and more than jammed the church.

We had a short address by a Chinese doctor from the men's hospital and one by one of the graduate nurses.

We feared some of the people would not exactly understand just what Miss Tang's obstetrician's diploma was, so we asked a Mrs. Chang, a nice educated woman, to explain. We thought she would just say a few words, but we forgot that the Chinese when they get on the platform do not know how to say a *few* words. She explained it all and then started telling how advantageous it would be to them if they would all go to our women's hospital to have their babies.

The next day the graduates gave the inevitable feast which the Chinese think they must give on all occasions. *That* was when the girls had their really big time and how they enjoyed it. No graduate from any school or college ever felt bigger or more important than my girls did when they were actually graduate nurses. They have only taken our local school examinations, now they are going to study a while longer and then try for the national examinations so as to get the national diploma. They are real stiff so they have some work ahead of them.

China L. J. C.

Compensations

(From a personal letter)

A TYPHOID fever patient in the hospital is one thing while a typhoid fever patient in a country home is another. This was especially impressed on me—a young nurse not six months out of training—not long ago when I had the opportunity to care for one. I say opportunity for I really feel that it was an opportunity in which I gained experience I could get in no other way. The modern conveniences were so in the minority that I felt indeed that the life there was almost primitive. However the sense of improvisation developed in the hospital repeatedly saved the day. The compensations are many. The family—particularly busy at this time of the year—seemed comforted by my mere presence and the turmoil in which I found the household soon straightened out and all was calm again. The patient improved very slowly of course but made a little gain each day. At this time of the year the country was particularly beautiful. It is the place, after all, where one sees the Almighty's handiwork at its best. Words express it so poorly, but the beauty seen there is a compensation one appreciates after spending many nights in a hot smelly hospital. And taken all in all, the differences prove to be a very pleasant diversion from a routine life.

Indiana B. L. F.

Journals Wanted

Lina L. Davis, Cottage Hospital, Santa Barbara, California, desires the following copies for which charges will be paid: 1900, November, December; 1901, 1902, all; 1903, February to July, inclusive; 1904, January to July, inclusive; 1907, June to October, inclusive; 1909, April, June; 1913, May.

Journals on Hand

Lina L. Davis, Santa Barbara Cottage Hospital, Santa Barbara, Cal., will send for 15 cents each, for postage, any of the following copies: 1909, May through October; 1910, January through June; 1912, January, March, April, July through November; 1913, January, February, March, September, December.

Mabel R. Skinner, 94 Sanford Street, East Orange, N. J., will send the following for postage: 1918, July to December; 1919, all except February and May; 1921, all except April; 1922, 1923 and 1924, complete.

Vera Soll, R. F. D. 5, Tipton, Iowa, will sell for 25c each: 1915, April; 1916, August and December; 1917, October through December; and odd numbers, 1918-1924.

NEWS

[*Note.*—News items should be typed, if possible, double space, or written plainly. Great pains should be taken with proper names. A death notice should be checked in every detail, for accuracy, before being forwarded, and the sender's name should be attached. All news items should be sent to *The American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

American Nurses' Association

Gladys E. Stephenson, graduate of an English school and Director of the Wesleyan Hospital, Anlu, China, who is one of the most active workers in the Nurses' Association of China, visited national headquarters en route to Cleveland. Miss Stephenson is the recipient of the *first* scholarship awarded by St. Barnabas Guild. She will use it in studying administration and teaching in the Western Reserve School of Nursing. Miss Stephenson is a former president of the Nurses' Association of China and Chairman of the Program Committee of the International Council of Nurses for the 1929 Congress in Peking.

When the fall conventions of the state nurses' associations are held, this month and in November, the American Nurses' Association will be represented at a number of meetings. S. Lillian Clayton, president, expected to attend the convention of the West Virginia State Nurses' Association at Parkersburg, and also plans to be present at Goldsboro, N. C., when the North Carolina nurses meet there October 11 to 13. She will also attend officially the Pennsylvania nurses' convention at Philadelphia, and will be on hand at Binghamton, N. Y., when nurses of the Empire State convene October 26, 27 and 28.

Mary M. Roberts will represent the American Nurses' Association when she visits the conventions of the Alabama, Louisiana and Mississippi State Nurses' Associations in October.

Edith J. L. Clapp, field secretary of the American Nurses' Association reported good conventions in Wyoming, Washington and South Dakota when she returned to Headquarters.

Some of the features of the trip which impressed her were the facts that South Dakota nurses drove long distances in order to be at Pierre for the meeting; the large representation from the laity at the final session in Wheatland, Wyo., and the excellent attendance of nurses at Everett, Wash.

Nurses' Relief Fund

REPORT FOR AUGUST, 1926

Balance on hand, July 31, 1926		$22,693.79
Interest on bonds		45.00
Interest on bank balances		47.01
		$22,785.80
Delaware: Delaware Hosp. Alum. Assn., $10; Homeopathic Hosp. Alum. Assn., $4; 19 individual members of State Assn., $19		33.00
Missouri: St. Joseph's Hosp. Alum. Assn., Kansas City		50.00
New York: In Memory of Jane A. Delano, $25; nurses of U. S. A. Base Hosp. No. 33, $250; Dist. 2, one individual, $1; Dist. 5, one individual, $1; Dist. 13, a friend, $1		278.00
South Carolina: Dist. 3, Columbia		45.00
Washington: Spokane Dist., $25; Wenatchee Dist. $7		32.00
Wyoming: State Nurses' Assn.		15.00
		$23,238.80

Disbursements

Paid to 120 applicants	$1,750.00	
Salary	111.10	
Printing	2.64	
Office supplies	.75	
Shipping	.95	
Exchange on checks	2.20	
Total disbursements		1,867.64
Balance on hand, August 31, 1926		$21,371.16
Invested funds		101,554.64
		$122,925.80

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund, and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks directly to the Headquarters office of the American Nurses' Association.

For application blanks for beneficiaries, leaflets, and other information, address the Director at the American Nurses' Association Headquarters.

National Association of Colored Graduate Nurses

The nineteenth annual meeting was held in Philadelphia at the Y. W. C. A., August 17 to 20. The meeting opened with great enthusiasm at 9 a. m. with a large delegation present. The President, Petra Pinn, of Miami, Florida, presiding. Nurses from all parts of the United States were in attendance, the largest delegation coming from Virginia.

The public meeting at Haven Memorial M. E. Church on Tuesday evening was indeed enjoyable. The Negro National Hymn was the opening. Greetings from the Academy of Medicine and Allied Science were given by Dr. Aldrich R. Burton who also introduced the speaker of the evening, Dr. H. R. Landis, Director of the Clinic and Sociological Department of the Henry Phipps Institute, who spoke on Preparedness. Mrs. Carrie E. Broadfoot, Sanatoria, N. C., responded. Petra Pinn delivered a splendid annual address in which she stated that from the survey made, only one-third of the graduate nurses are members of this body.

Belle Davis, Executive Secretary, National Health Circle for Colored People, Inc., of New York City, was introduced and made an impressive talk on her work. On Wednesday morning the session opened at 9:30 with Mrs. Adah B. Thoms, ex-president, presiding. After devotions, Lulu G. Warlick, School Nurse of Kansas City, gave an excellent address on Nursing Education. Albertine Felts led the discussion. Dr. Aldrich R. Burton, of Philadelphia, gave an address on Venereal Disease and its Relation to Tuberculosis. The address by Mabel D. Keaton, New York City, was interesting and beneficial. Carrie E. Bullock, Supervisor Visiting Nurses' Association, Chicago, gave a wonderful talk on Communicable Diseases. Jane Van De Vrede, Vice President of the American Nurses' Association, and Executive Secretary of Georgia State Association, captivated the audience with her address on General Principles of Nursing and What the Nurse Stands For.

On Wednesday afternoon, the Association was entertained by the Mercy Hospital Alumnae at the Mercy Hospital. At 2 p. m. five busses awaited the guests for a sightseeing trip to many interesting historical places. On the return to the Hospital, Mrs. A. Harty Maxwell, President of the Mercy Hospital Alumnae, welcomed the group. Miss J. Imogene Howard, the first Superintendent of the Hospital, told of its history. Miss G. P. Nicholas, one of the first graduates, read an interesting paper on the work of the Hospital.

On Thursday morning, after the morning session, came a visit to the Philadelphia General Hospital, where Miss Clayton greeted the group in a most cordial manner. Dr. Wm. Stoner, Assistant Director of the Metabolic Department, gave an instructive lecture on metabolic diseases, their symptoms and treatment. Helen Brestin, Head Nurse of the Metabolic Department, told of the care of the patients.

On Thursday afternoon, a visit to the Philadelphia Hospital for Contagious Diseases was given. Amy Allison, Superintendent of Nurses, welcomed the group and made the trip very interesting by telling of the history of the hospital. Miss Lane, Instructor of Nurses, demonstrated the care of a patient.

Thursday evening, a reception to the delegates was given by the local association in the spacious St. Peter Claver's Auditorium. Friday morning, after the business session, came a trip to Henry Phipps Institute. Dr. Isadore Kaufman, Director of Clinics, and Fannie Eshelman, Director of Social Service Department, welcomed the group and Jane Turner, Prenatal Worker, gave demonstrations of her work. A health picture was shown. Friday afternoon a trip to the Douglass Memorial Hospital was given by the Alumnae and Charlotte Carr, President of the Local Nurses' Association, welcomed the group. Dr. Amos Scott gave an interesting talk on Insulin.

The National Association of Colored Graduate Nurses will go on record as endorsing the splendid work of the National Health Circle for Colored People, Inc., 370 Seventh Avenue, New York City, of which Belle Davis is the Executive Secretary. The Association goes on record as endorsing the opening of an Institution for Registered Nurses which will be conducted by the Atlanta School of Social Work, at Atlanta, Ga., beginning June 24, 1927. For further information write Prof. L. Franklin Frazier, Auburn Ave., Atlanta, Ga.

The International Council and Nurses' Association of China sent greetings and asked that a representative be sent from N. A. C. G. N. to the meeting to be held in Peking in 1929.

The Association goes on record as deeply regretting the resignation of the President. Miss Pinn, during her administration, worked untiringly, accomplishing much for the good of the organization. A handsome purse and bouquet of flowers were presented her on behalf of the Association. More than 175 nurses attended the meeting, 125 registered. Eighteen hospitals and twenty-four states were represented. Officers elected are: President, Carrie E. Bullock, Ill.; vice presidents, L. G. Warlick, Mo., and W. Frazier, N. C.; recording secretary, J. V. Reid, Fla.; corresponding secretary, J. B. Johnson, Ala.; financial secretary, A. B. King, Va.; treasurer, A. A. Nelson, S. C.

The chairmen of committees are: Executive, Petra Pinn; Educational, C. E. Broadfoot; Membership, Miss Voorhees; Ways and Means, Saloma Taylor; Printing, Elizabeth Clark; Joint Relations, Miss Andrews; National Organizer, Daisy Dickerson; Journalist, M. B. Lee.

The place of next meeting will be announced later.

Spanish-American War Nurses

The twenty-fifth annual meeting was held in Des Moines, Iowa, August 15-19, and was most successful and enjoyable. The United Spanish War Veterans met at the same time and place and, by their final action, made it possible for nurses to become active members of their organization. The action by Congress which recognized the establishment of the Army Nurse Corps in 1898 made it possible for the veterans to change their rule. The Des Moines Veterans were very generous hosts, and the Jane A. Delano Club of World War Nurses, were, in the absence of local Spanish War Nurses, untiring hostesses. The Spanish-American War Nurses will meet in Detroit, Mich., in 1927, at the same time as the U. S. W. V. The following officers were chosen: President, Jennie R. Dix, Boston; vice presidents, Dr. Anita Newcomb McGee, Washington, D. C., Rebecca Jackson, Bryn Mawr, Pa., Eliza A. B. Jones, Chicago, Elizabeth Denning, Long Beach, Calif., Cora Gaddis Taylor, New York, Mary Carter Nelson, Beaver Dam, Va., Elizabeth McCoy, Cleveland, O., Hannah M. Waddell, Germantown, Pa., Rebecca Horn,, Phoenix, Ariz., Susie Saunders Adams, Dorchester, Mass.; secretary, Eva Trenholm Green, Washington, D. C.; treasurer, H. Josephine Shepherd, Milton, Mass.; recorder, Olive Pendill, Marquette, Mich.

Army Nurse Corps

During the month of August, 1926, the following named members were transferred to the stations indicated: To station hospital, Fort Banks, Mass., 1st Lieut. Grace E. Hill; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Edna M. Dick, Ethel E. Hahn; to Fitzsimons General Hospital, Denver, Colo., 2nd Lieuts. Edna M. Long, Etta M. Staub; to Letterman General Hospital, San Francisco, 2nd Lieuts. Edna L. Mahar, Mary S. Scanlon; to station hospital, Fort Riley, Kansas, 2nd Lieuts. Dorothy Proske, Anna A. Montgomery; to Walter Reed General Hospital, Washington, D. C., 2nd Lieuts. Anna E. Wilson, Karon M. Swarva.

The following named members are under orders for separation from the corps: Ruth B. Birchfield, E. Geneva Cadle, Clara H. Cunningham, Eunice Huber, Hattie Lee Marek, Winifred Rothrock, Martha H. Velo and Minnie O. Velo.

Seven have been admitted to the corps as 2d Lieuts.

The following named, previously reported separated from the service, have been reassigned: Mary L. Brady, 2nd Lieut., Walter Reed General Hospital; Lillian Stein, 2nd Lieut., station hospital, Fort Sam Houston.

SAYRES L. MILLIKEN,
Capt., Acting Supt., Army Nurse Corps.

Navy Nurse Corps

During the month of August eight nurses were appointed and assigned to duty.

The following nurses were transferred: To Annapolis, Md., Mathilda Hume; to Boston, Mass., Alma G. Stianson; to League Island, Pa., Katherine E. Kelley and Isabelle Gilfillan; to Mare Island, Calif., Agnes E. Nolan and Laura M. Cobb; to Newport, R. I., Floy I. Walter; to New York, N. Y., Lulu Lloyd, Ruth B. Devitt and Mabel L. Gardiner; to Norfolk, Va., Faye E. White, Anna M. Setley, Myrtle N. Kinsey and Anna A. Logiodice; to Parris Island, S. C., Anna E. Mears; to St. Thomas, V. I., Martha E. Whitener and Agnes C. DeVine; to U. S. S. Mercy, Susan B. English; to Washington, D. C., Marie C. Brizzolara and Ruth E. Anthony.

Honorable Discharge: Elsie Ohlson, Martha Schmidt and Carolyn O. Speas.

Resignations: Frances G. Gallagher and Lillian Stein.

Mary V. Ennis, nurse, U. S. N., has been

ordered to the Graduate Schools of Nursing, University of Pennsylvania, for a course in anesthesia.

J. Beatrice Bowman, Superintendent, Navy Nurse Corps, is making an official visit to the hospitals in Philadelphia, New York and New England in the interest of the Nurse Corps.

J. Beatrice Bowman,
Supt., Navy Nurse Corps.

U. S. Public Health Nursing Service

Report for August

Transfers: To Baltimore, Md., Blanche Culbertson; to Boston, Mass., Harriet Small; to Chicago, Ill., Lila Porter; to Ellis Island, New York, Pearle Dowe, Ida Holbrook, Sara Gray; to New Orleans, La., Susie Anderson; to Stapleton, N. Y., Virginia Dulin and Mary Neylon.

Reinstatements: Gertrude Littell, Lenna Davis, Mary Jane Duval, Louise Wells and Aubrey H. Frank.

New Assignments: Eleven.

Lucy Minnigerode,
Supt. of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau, Nursing Service

Report for August

Assignments: 41.

Transfers: To Bronx, N.Y., Anna S. Davis, Catherine Phelan; to Jackson, Miss., Nettie Jordan; to Saranac Lake, Grace Nutter; to Washington, D. C., Jessie Killam; to San Fernando, Calif., Nellie Cook; to Alexandria, La., Louise M. Giles; to Lake City, Fla., Evelyn Ware, Ora Jacobs; to Perry Pt., Md., Mary Nash; to West Roxbury, Mass., Margaret McIvor, Chief Nurse; to Sheridan, Wyo., Gracia Brann, Chief Nurse; to St. Cloud, Minn., May Nugent, Chief Nurse; to Atlanta, Ga., Alpha Hoover, Chief Nurse; to Knoxville, Iowa, Mary S. Cave; to Oteen, N. C., Gertrude Price, Gladys Morton; to West Haven, Conn., Mary C. Kell; to Dwight, Ill., Clara M. Quinlan, Chief Nurse.

Mary A. Hickey,
Superintendent of Nurses.

The American Dietetic Association

The American Dietetic Association will hold its annual convention at The Ambassador Hotel, Atlantic City, N. J., October 11-13. The well rounded program will include the following subjects: General Financial Problems in the Endowed Institution, The Role of the Dietitian in Planning the New Hospital, The Hospital from a Business Standpoint, Advancement in the Basic Sciences—Physiology, Chemistry, Economics, Teeth and Diet, Our Present Knowledge of Rickets, Diabetes in Children, Use of Egg in the Child's Diet, Principles of Personnel Management, Temperament Problems in Relation to Food.

In addition, the Section programs will have some valuable contributions to make.

Dr. Ruth Wheeler, Professor of Physiology at Vassar College, President of the Association, will preside at the banquet on the evening of October 11, where Dr. J. J. R. MacLeod of Toronto will tell of the advances made in Physiology. Dr. Julius Stieglitz of the University of Chicago will speak of the advances made in the world of Chemistry.

International

The Nurses' Congress in Stockholm

The third Northern Congress of Nurses was held in Stockholm August 2-6 this year under the patronage of Her Majesty the Queen of Sweden. About 900 nurses, representing the nurses' organizations in the different northern countries, Denmark, Finland, Iceland, Norway and Sweden, were participants in the Congress, which had the pleasure to see as guests, seven nurses from Esthonia, two from England and the secretary of the International Council of Nurses, Christiane Reimann of Geneva.

Monday afternoon the Congress commenced with a solemn divine service in the Cathedral of Stockholm, after which the city of Stockholm gave a banquet in the wonderful City Hall for members of the Congress, a great many physicians and others interested in health work.

On August 3 the opening session began with addresses of welcome, given by Sister Bertha Wellin, President Swedish Nurses' Association; by Charlotte Munck, President League of Nurses in the Northern Countries, and by Mr. Ekman, the Prime Minister, who had requested to address the nurses. After some business matters had been discussed, the

Congress had elected Miss Wellin, president, and Baroness Sophie Mannerheim, Honorary President. Miss Charlotte Munck, who was the chief speaker of the morning, gave a very interesting lecture about the subject: The Preliminary Course, Drawn up after Broad Lines.

During the Congress days the following subjects were discussed: Insurance and Superannuity for Nurses; The Position of the Matron and the Superintendent of Nurses and Her Task; Organization and Administration of Schools for Nurses; Child Welfare Work; School Nursing and Public Health Work in Rural Districts; The Staff Nurse and Her Position; The Nurse as Connection between Institutions and the Public; The Hospital and What Nurses Ought To Know about the Plans, the Structure, the Outfittings, the Equipments and Working Expenses; How To Obtain the Ethical Point of View during Days To Come?

Miss Reimann then presented a very interesting paper about the development of the profession of nursing.

All the subjects discussed caused generally very lively debates and were illustrated from various points of view by nurses from the different countries.

The Congress, which was held in the Royal Academy of Music, aroused great attention among the public. The hospitality shown during the meeting was unique. Hospitals and other institutions invited the participants to social entertainments and the Swedish Nurses' Association had arranged a garden party on Skansen one of the first Congress days in order to give the foreign guests an idea of this open air museum. The last Congress evening, the Swedish nurses had invited the meeting to a grand dinner before leaving Stockholm. August 6 was devoted to an excursion to Uppsala, the ancient university town, about an hour's journey from Stockholm. The Congress was here greeted in the University Hall by the sisters of the University Hospital and by the Superintendent of the Hospital, Doctor Nyström, Professor of Surgery, who gave a brief sketch of the history of the old city and of the hospital, one of the largest and most modern institutions of this kind in the country.

The sisters of Uppsala here acted as hostesses and all the guests were shown round the town and the hospital, where refreshments were handed around in the beautiful gardens. In the afternoon the congress members met in the old Cathedral where a short service was arranged with sermon by the Archbishop.

In the evening, before leaving Uppsala, a farewell banquet was held in one of the picturesque restaurant gardens. Soon new and old friends had to depart and the Congress—which really had been a great success—was at an end.

KERSTIN NORDENDAHL.

Institutes and Special Courses

Illinois: The fourth annual institute conducted under the auspices of the Illinois League of Nursing Education was held in Chicago during the last two weeks of August. For many weeks previous, the director received letters of inquiry from nurses from all over the United States. This shows how deeply interested nurses are in an educational movement. Nurses came from fourteen different states for the full course, and many others came in for lectures in subjects in which they were interested; a nurse from China was present for a few lectures. The various branches of nursing were represented, an executive secretary of a state organization, nurses holding responsible positions as members of registration boards, and superintendents of hospitals were among the number.

Dora Saunby, vice president of the League gave the address of welcome, and immediately following the regular program began which continued for two weeks. May Kennedy acted as director and gave ten lectures in Teaching in Schools of Nursing, and five lectures in Psychiatric Nursing. The majority of the nurses attended these lectures, and their favorable comments showed that both were subjects of vital interest. The courses in psychology and mental hygiene were given by Dr. W. E. Blatz of St. George's School for Child Study, Toronto. Doctor Blatz's ability as an instructor cannot be surpassed, and his recent investigations in the School for Child Study made it possible for him to give his audience the latest and most scientific information on the very important subject of mental hygiene.

Communicable Diseases, including Tuberculosis, was very ably discussed by Dr. Archibald Hoyne, of the Rush Medical College. Doctor Hoyne's vast experience in Communicable Diseases has given him a place in the front ranks of this special line of medicine. The same may be said of Charlotte Johnson who gave the lectures on Nursing in Communicable Diseases. Laura Kerr gave a most interesting demonstration of the Skin Test for Scarlet Fever. The series was concluded with two

lectures on Epidemiology by Prof. John F. Norton of the University of Chicago.

Gladys McCune, instructor in nursing at the Illinois Training School for Nurses, gave five demonstrations in Practical Nursing. This course was of special interest to the instructors, and was presented in a most interesting manner, so that those attending felt they had received much which will be of great assistance to them in their future work.

In addition to the four courses of lectures there were a number of special lectures and demonstrations by experts in the various fields of nursing. The hospitals of the city were most generous in their contributions in every way. All the clinical material of the various institutions was at the disposal of the nurses and every effort was made by the hospital staff to make the visit to the hospital profitable and interesting in every respect.

The institute has become an annual event of the Illinois League of Nursing Education, and one of the great educational factors in nursing of the Middle West.

THE CHICAGO TUBERCULOSIS INSTITUTE announces that two eminent foreign specialists will come to Chicago as guests of the Institute and will deliver addresses in English. They are Dr. Ernst Loewenstein, Professor of Experimental Pathology at the University of Vienna, and Dr. Edouard Rist, Co-Director of the Laennec Hospital and Dispensary in Paris. Doctor Rist will be in Chicago October 9 to 11 and Doctor Loewenstein October 27. Doctor Rist, dinner at Grayling's, 400 N. Michigan Boulevard, Monday, October 11, 6:30 p. m., $1.75 per plate; address at City Club, 315 Plymouth Court following dinner, under auspices of the Chicago Tuberculosis Institute with the coöperation of the Institute of Medicine of Chicago.

Doctor Loewenstein—arrangements will be similar.

Physicians, nurses, and all others interested are cordially invited. For further information and reservations, address the Chicago Tuberculosis Institute, 360 North Michigan Boulevard, Chicago.

Missouri: St. Louis.—A Joint Institute of Nursing Education, Public Health and Private Duty will be held in connection with the meeting of the State Nurses' Association, October 25-27, continuing through October 30. Some of the speakers secured for this institute are Elizabeth Fox, National Director of Public Health Nursing Service, American Red Cross and Georgiana Lommen, Director of Training School, State Teachers College, Moorhead, Minn. A registration fee of $3 to include all courses, or a charge of 25 cents a lecture or class, will be made to those who do not register for the entire course.

New York: THE DEPARTMENT OF NURSING EDUCATION, TEACHERS COLLEGE, COLUMBIA UNIVERSITY, New York, announces afternoon and evening courses for Teachers and Supervisors in Schools of Nursing, for Public Health Nurses and School Nurses, and for Teachers of Home Nursing and Child Care, the winter term beginning September 23; and the spring term, February 2, next.

Last year in addition to the regular full-time students in the Department of Nursing Education, there were 241 nurses holding positions in hospitals, schools and public health nursing associations in or near New York City, who were registered for part-time work in the Department.

Most of the courses listed are the regular courses given at the University, but three sections have been repeated by special request in down-town centres, to suit the convenience of fairly large groups of students. This year an experiment will be made with an extra-mural section at the request of a group of Public Health Nurses in a near-by city. Such requests will be met as far as the time and energy of the staff permit. For fuller information about extra-mural or special sections, write the Department of Nursing Education, also for information regarding Requirements, Credit, Fees, and List of Courses.

Pennsylvania: The evening course in Hospital and Institutional Management at Temple University, Philadelphia, will begin October 7. The class will be held each Thursday night from 7:30 to 9:30 for 30 weeks, and the same corps of lecturers will conduct the course who assisted Charles S. Pitcher, Superintendent of the Presbyterian Hospital in Philadelphia, last winter. Mr. Pitcher will again be in charge of the class.

Vermont: An Institute was held at the State Board of Health, September 15 and 16, for the six nurses to be employed by the Vermont Tuberculosis Association for two months this fall. The nurses will work in rural schools where there is no medical inspection.

Commencements

MASSACHUSETTS:

Waltham Training School, Waltham, Mass., a class of eight, on September 2, with an address by Dr. Conrad Bell.

Missouri:

Grim-Smith Hospital and Clinic, Kirksville, a class of six nurses at joint exercises with the State Teachers' College, August 6.

New York:

St. Lawrence State Hospital, Ogdensburg, a class of 13, on September 1, with an address by Robert S. Waterman.

State Boards of Examiners

District of Columbia: The Nurses' Examining Board will hold an examination for the registration of nurses in the District of Columbia, on November 2 and 3. Application papers must be filed with the secretary before October 18. Alice M. Prentiss, Secretary, 1337 K. St., N. W., Washington, D. C.

Georgia: The Georgia State Board of Nurse Examiners will hold examinations for registration, November 18 and 19, in Atlanta, Macon, Savannah, and Augusta, providing ten applications are received. Applications must be in the office of the Secretary, 41 Forrest Avenue, Atlanta, before November 10. Jane Van De Vrede, Secretary.

Iowa: The officers of the Iowa State Board of Nurse Examiners have changed. They are: President, Frances G. Hutchinson, Council Bluffs; secretary, Jane M. Wiley, Cedar Rapids.

Kentucky: The semi-annual examination of the Kentucky State Board Nurse Examiners will be held at Sts. Mary and Elizabeth Hospital, Louisville, on the 16th and 17th days of November. Information and application may be secured by writing Flora E. Keen, Secretary, Thierman Apt. C-1, Louisville, Ky.

Louisiana: The next examination of the Louisiana Nurses' Board of Examiners will be held in New Orleans and in Shreveport, November 2-3. For further information, address Julie C. Tebo, Secretary, 1005 Pere Marquette Building, New Orleans, La.

Michigan: The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants in Lansing, October 20 and 21. Helen de Spelder Moore, Secretary.

New Jersey: The next examination for certificate of registered nurse will be held at 9:30 a. m., November 10, in the State House, Trenton. Applications must be filed with the Secretary-Treasurer at least fifteen days prior to the date of examination. Agnes Keane Fraentzel, Secretary-Treasurer, 42 Bleecker St., Newark.

North Carolina: The North Carolina Board of Nurse Examiners will give examination in Raleigh, October 14, 15, 16. Application blanks may be procured from the Secretary, Mrs. Dorothy Hayden Conyers, Box 1307, Greensboro, N. C.

North Dakota: The North Dakota State Board of Nurse Examiners will hold an examination for registration of nurses the 2d and 3rd of November. These examinations will be conducted at two places, Fargo and Minot. Applications must be in the hands of the Secretary at least ten days prior to the date set for examination. For further information address Josephine Stennes, Secretary-treasurer, Rugby, N. D.

Rhode Island: The Board of Examiners of Trained Nurses will hold examinations November 4 and 5, in Providence, at the State Normal College. Evelyn C. Mulrenan, Secretary and Treasurer, Room 15, State House, Providence.

State Associations

Alabama: The fourteenth annual meeting of the Alabama State Nurses' Association will be held at the Battle House Hotel, Mobile, October 19 and 20. *Tuesday, October* 19, 8 a. m., Directors' meeting; 9, Registration; 10, Opening meeting—Invocation, Dr. D. H. Ogden; Welcome; Response, Margaret Hutton; Addresses—What the Public Wants in a Nurse, Mrs. T. D. Parke, President Alabama Federation of Women's Clubs; The Nurse as a Factor in Preventive Medicine, Zoe La Forge; What the Physician Wants, Dr. W. T. Henderson; What the Superintendent Wants, Miss McLean and Miss Inscor. 2:30 p. m., What the Pupil Wants, Pansy Read; What the Graduate Wants, Miss Dugan; Ethics, Miss Marriner. Dinner, 6:30, at the Alba Club, with an address by Mary M. Roberts of New York. *Wednesday, October* 20, 9 a. m., Invocation, Dr. J. W. Philips; business meeting with reports from delegates to the national convention. 2:30 p. m., Invocation, Rev. E. J. Hackett; reports from Districts with suggestions as to work for the coming winter; final business. The Committee is delighted to announce that Mary M. Roberts, Editor of *The American Journal of Nursing*, has accepted an invitation of the Association to be

present at this annual meeting and to take part in the discussions of various papers. She will bring a most interesting message at the dinner.

Arizona: The Secretary of the State Association has resigned and is succeeded by Mrs. Regina Hardy, 1020 Highland Avenue, Tucson.

Arkansas: THE ARKANSAS STATE NURSES' ASSOCIATION will hold its annual meeting on November 1 and 2, in Fayetteville. Headquarters at the Mountain Inn, but all sessions will be held at the Legion Hall.

Florida: THE FLORIDA STATE NURSES' ASSOCIATION will hold its annual meeting on October 27-29, in Lakeland.

Illinois: THE ILLINOIS STATE ASSOCIATION will hold its twenty-fifth anniversary meeting in Chicago, at the New Palmer House, October 20-22, with the following program: *Tuesday, October* 19, Directors' Meeting. *Wednesday, October* 20, 9 a. m. Registration; 10:30, Business meeting of League; 11, Business meeting Public Health Nurses' Section, luncheon of League. 2 p. m., Opening session,—Invocation, Rev. Duncan H. Brown, S. T. D.; Address of welcome, Mayor William E. Dever; Response, Alice Dalbey; President's address, Sara B. Place; "The Nurse—a Professional Woman's Contribution to the Community," Mrs. B. F. Langworthy; 8:15, Facts and Hearsay in Private Duty, Janet M. Geister; Grading of Schools, May Ayres Burgess. *Thursday, October* 21, 9:30, Business meeting; 12:30, Private Duty Section Nurses' Luncheon; 3:30, "The Trend of Nursing Educations," Annie W. Goodrich; 7 p. m., Banquet with addresses by Annie W. Goodrich and Max Mason, President of the University of Chicago; Early History of the State Association given by Harriet Fulmer, Mary C. Wheeler, Adda Eldredge, Bena Henderson, M. Helena McMillan, Anna Titman, Mrs. Wm. Wurth, Minnie H. Ahrens, Helen Scott Hay, Alice Dalbey, Lucy Mount, Adelaide Walsh. *Friday, October* 22, 9:30, Business; 10, Paper on The Nursery School; 11, The Nurse's Part in the Nursery School Program, Winifred Rand of Detroit. 12:30, Luncheon of the Public Health Nurses' Section. Afternoon, Dedication of the cottage for tuberculous nurses at Naperville,—speakers: Harriet Fulmer, Rev. Ernest Fremont Tittle. 8:15 p. m., The Newer Developments in Adult Education, Joseph K. Hart, New York; The Obligation of Opportunity, Elizabeth G. Fox, Washington. *Saturday, October* 23, 9:30, Business session and Red Cross program. 2 p. m., Automobile ride,—guests of the First District.

Indiana: THE INDIANA STATE NURSES' ASSOCIATION will hold its annual meeting, October 7, 8 and 9, with headquarters at the Hotel Lincoln, Indianapolis.

Iowa: THE IOWA STATE ASSOCIATION will hold its twenty-third annual convention, October 19-21, at Cedar Rapids, with the Montrose Hotel as headquarters. *Tuesday, October* 19, 8 a. m., Registration; 9, Invocation, Father D. J. Lenihan; Welcome, Mayor W. G. Loftus; Response, Margaret Stoddard; Address, Why We Laugh, Rev. Blaine Hyten; President's address, Nelle Morris; Business. 12:30, Advisory Council luncheon. 1:30, The Red Cross, Elizabeth G. Fox, Washington, D. C.; Address by Adda Eldredge, Madison, Wis.; Address by Dr. M. T. MacEachern; 5 p. m., Directors' meeting. 6:30, Banquet at the Montrose Hotel with the Senior classes of both hospitals present as guests of their alumnae. *Wednesday, October* 20, 7:30, Breakfast for chairmen of local and state Red Cross committees. League of Nursing Education. 8:30, Private Duty Section. Business; Nutrition and Infant Feeding, Dr. Amy Daniels; Discussion and questions, Mary C. Wheeler, Detroit. Public Health Section. 12, Section luncheon at Killian's Tea Shop. 2 p. m., Problems, Mary C. Wheeler; Recreation, Rev. Blaine Hyten; "An Oft-Abused but Vital Word," W. R. Boyd. 6 p. m., Ex-service nurses' dinner. 8, Dance and card party given by Cedar Rapids physicians. *Thursday, October* 21, 9 a. m., Communicable Diseases, Dr. Don Griswold; Address on Mental Hygiene; Reports. 12, Open house at St. Luke's Methodist and Mercy hospitals. 1:45, Business; 3, Auto ride; 4, Tea at the Montrose Hotel, given by Business and Professional Woman's Club.

Kansas: THE KANSAS STATE NURSES' ASSOCIATION will hold its fifteenth annual convention in Coffeyville, October 7-9, with headquarters at the Hotel Dale. The program will be as follows: *Thursday, October* 7, 9 a. m., Directors' meeting; 10 a. m., Advisory Council. 1 p. m., Opening business session; 6:30 p. m., Banquet followed by opening session,—Invocation, Rev. L. D. Cartwright; welcome, Senator Dallas Knapp; response, Mrs. Charles C. Bailey; greetings from the Chamber of Commerce, R. Y. Kennedy; addresses,—Mabel Alice Taylor, President State Organization for Public Health Nursing, Dr. T. M. Robertson, Mrs. Roy McMillan, Chairman Private Duty Section; A. I. Decker, Ethel L. Hastings, Chairman State League. *Friday, October* 8, 9 a. m., Business; open discussion on district and alumnae organization; address

on Community Health and the Nurse, Dr. J. C. Montgomery. 12 to 1, Luncheon, Red Cross, Home Service, Government and Ex-service nurses. 1 p. m., Private Duty Section,—address by representative from A. N. A. Headquarters; Essentials and Standards of a Quarter-Century Private Duty Service, Sybilla S. Muntz; Official Registries, Nellie Bunker. 4:30, Tea given by District III and auto ride. 6 p. m., Get-together dinner. 8 p. m., Joint session at Memorial Hall under the auspices of the Public Health Section. Addresses, Red Cross Nursing Service, Mrs. Ebbeth Vaughan; Physical Examinations of School Children, Dr. J. C. Montgomery; Service of the Visiting Nurse Association, Mrs. Mary Bure. *Saturday, October* 9, 8 a. m., Business meetings of Sections; 11, League meeting, addresses,—Inspection and Accrediting of Schools of Nursing, Irma Law; address by Sylvia Trent; 1 p. m., report of National League convention, Dorothy Jackson; conference on the use of the Standard Curriculum and on grading of schools; 3, closing business session.

Louisiana: The Louisiana State Nurses' Association will hold its seventh annual convention in New Orleans, October 27 and 28, at the Nurses' Club House. A large attendance is expected as a report of the A. N. A. and of the Health Congress will be read. There will be a meeting of the Private Duty Section which was organized last year. There will be a meeting of the Advisory Council, also a meeting of the Louisiana League of Nursing Education on Tuesday, October 26. All members are urged to be present for these two meetings. A very interesting program is being prepared, and the promise of a Representative from National Headquarters has stimulated much interest in the rural districts to urge a large attendance.

Massachusetts: The Massachusetts State Nurses' Association will meet at the Hotel Bancroft, Worcester, October 8 and 9.

Minnesota: It has been necessary to change the date of the State meeting. The Convention will, therefore, be held in Duluth, October 13-16, one week later than previously announced. Headquarters and all meetings at Spaulding Hotel. *Wednesday, October* 13, 3 p. m., Advisory Council; 6, Dinner meeting, Board of Directors; 8, Formal opening session. *Thursday, October* 14, 9 a. m., Business Meeting; 2 p. m., Joint Session, Adult Education, Mary E. Gladwin; 4, Tea, Women's Auxiliary, St. Louis County Medical Association; 7:30 p. m., Banquet. *Friday, October* 15, the morning will be spent in Joint Session at the Tuberculosis Sanatorium at Nopeming. Red Cross Luncheon—Mrs. Vaughan, speaker. 2:30 p. m., Business meetings of the League, Public Health Association and Private Duty Section; 4, Sight-seeing Trip; 8, Joint Session, Elizabeth G. Fox, speaker. *Saturday, October* 16, a. m., Round Tables as requested; Demonstrations with improvised equipment.

Mississippi: The Mississippi State Nurses' Association will hold its annual meeting in Greenwood, October 28 and 29.

Missouri: The Missouri State Nurses' Association will hold its twenty-first annual meeting at the Chase Hotel, St. Louis, October 25-27. At the same time and place, continuing through the 30th, an Institute will be held. (See previous notice.)

Montana: The Montana State Association of Graduate Nurses held the Fourteenth Annual Convention in Kalispell, July 19-21, in the Elks' Temple. On Monday morning,—Reception and Registration, prayer by Father O'Farrell, Address of Welcome by Mayor Robert Pauline. Miss Buckles responded. In the President's address, Flora L. Kerlee thanked all nurses present for the wonderful coöperation she has had during her two years of office as President and urged them to keep up the spirit and good work. A paper on Nursing Education was given by Augusta Aries, Great Falls. Mrs. Sara Morse, Secretary of the Montana Tuberculosis Association, gave an address on Field Work Done by Nurses. In the afternoon, an Address was given by Doctor Bolton, Superintendent State Hospital at Warm Springs, on Psychiatric Nursing, which was vastly interesting. He urged particularly the use of such terms as patients instead of inmates, hospital instead of asylum, etc., to make the patients less conscious of their misfortunes. A paper, The Small Hospital and the Place It Should Hold, by Mrs. Julia W. O'Connor, explained the work a small hospital can do in a small town providing it is well equipped. Edith Ackerman, Bozeman, spoke on Relative to Training Schools. This was followed by Catherine O'Connell, who read the editorials of June and July *Journals*. This concluded the meetings for the day. All nurses were taken by autos to Camp Flathead at Flathead Lake, where a picnic supper was served. Swimming, boating, a large bonfire, and community singing were enjoyed. All were the guests of District No. 8 nurses. On Tuesday morning, Mrs. J. W. O'Connor of Red Lodge presided. Prayer by Rev. Mr. Chester, Address by

Dr. Fred Adair of Minneapolis. Miss McGoldrick of Missoula gave a paper on Duties of a Private Duty Nurse. Doctor Houston's Address on Surgical Technic was very interesting. This was followed by Obstetrical Practice of Today Compared with That of 1900, by Dr. Phebe Bottoff, Kalispell. Doctor Bottoff came to Kalispell forty years ago. At 1:30 p. m., Dr. E. P. Cockrell of Kalispell gave an address on X-ray. He displayed some very extraordinary plates of his own work and findings. This closed the business for Tuesday. Again automobiles were at hand to take all visiting and local nurses, also speakers on the program, to Lake McDonald in Glacier National Park, where all were dinner guests of the nurses of District 8 at the Lewis Hotel, a drive sixty miles through mountain canyons, dense timber and along the lake shore, where deer, wild cats, elk, and bear appear and disappear. On Wednesday morning Miss Kerlee presided. Prayer by Rev. Mr. Hjelmervick; Address, The Private Duty Nurse and Public Health, by Dr. Hazel D. Boness, Child Welfare Department, State Board of Health, Helena. The Need of a Visiting Nurse's Work in a Small City, by Helen Riddle of Billings, brought forth much discussion. This was followed by the business session, reports of district delegates, of the State Board of Examiners, etc. Luncheon was served by the Ladies Aid of the Christian Church. In the afternoon, annual reports of all officers and of all standing committees were given. Election of officers resulted as follows: President, Mrs. Ida H. Nepper, Butte; vice presidents, Frances R. Vollmer, East Helena, Mrs. Martha Russell, Kalispell, Harriet Peoples, Deer Lodge; secretary, Mrs. Lily Morris, Galen; treasurer, Mrs. Julia W. O'Connor, Red Lodge; directors Edith Ackerman, Bozeman, Miss King, Missoula, Lydia Fusek, Galen, Miss Bowen, Great Falls, Sister M. Alfonsos, Kalispell. Meeting adjourned to meet in Missoula next year. Open house at the Kalispell Hospital, guests of the Sisters of Mercy, was enjoyed by all present. All nurses went to their respective homes feeling better for having attended this interesting convention, and having had opportunity to be so royally entertained.

Nebraska: The Nebraska State Nurses' Association will hold its annual meeting at the First Presbyterian Church, Omaha, October 27-29.

New York: The annual meeting of the New York State organizations of nursing, that is, State Nursing, State League and Public Health, will be held at the Arlington Hotel, Binghamton, October 26-28. October 26 will be given to the League and Public Health, with a Private Duty session. Wednesday and Thursday, October 27-28, will be given to the State Nurses' Association. Make hotel reservations early. *Tuesday, October 26, Public Health Session.*—Mrs. Winifred Hathaway will speak on Eyesight Conservation; a representative of the American Society for the Control of Cancer will speak. *October 26, League of Nursing Education.*—8 a. m., Registration; 9:30, Business meeting and report of national meeting; address of the President, Elizabeth C. Burgess. 2 p. m., Paper, Education of the Nurse through Clinical Experience, Helen Wood; Paper, Value Derived from Communicable Disease Service, Mrs. Parkes; Paper, Value Derived from Dispensary Service, Amelia Grant; Evaluation of Various Types of Examination Questions. Discussion, led by Maude Muse. Joint evening session, Address by Mary F. Beard. *October 27 and 28.*—Topics to be considered: Heart Disease as a Public Health Problem, M. L. Woughter; Red Cross Activities, Florence M. Johnson; Organization, S. Lillian Clayton, President American Nurses' Association; A Question Box on "Law Governing Registration of Nurses and Organization," Alice Shepard Gilman; Nutrition, Flora Rose; Mental Clinic at Binghamton State Hospital.

North Carolina: The North Carolina State Nurses' Association will hold its annual meeting at the Hotel Goldsboro, Goldsboro, October 11-13. It is hoped that S. Lillian Clayton, President of the American Nurses' Association, will be present.

North Dakota: The annual meeting of the North Dakota State Nurses' Association will be held in Fargo, October 20-22. The first day will be given to meetings of the State League, the Public Health and Private Duty Sections. Mary E. Gladwin, Educational Director of the Minnesota State Board of Nurse Examiners, will be the main speaker of the convention. All sessions will be held at the new Elks' Club.

Oklahoma: The Oklahoma State Nurses' Association will hold its annual meeting in Oklahoma City, October 27-29. Headquarters will be at the Huckins Hotel and all meetings will be held there.

Oregon: On July 31, as a fitting close of the five-day nursing institute held at Salem, Oregon, under the auspices of the Extension Division of the University of Oregon, the

Oregon League of Nursing Education and the Oregon State Graduate Nurses' Association held their annual meetings. Besides a lively business session several very interesting addresses were enjoyed. W. H. Brown, M.D., Marion County Child Health Demonstration, gave an inspirational talk on the Possibilities in Nursing; Doctor Morse, President of the State Medical Society, gave a paper on the Objectives of Hospital Standardization of the American College of Surgeons; W. F. Draper, M.D., Assistant Surgeon General, U. S. P. H. Service, spoke on Preventive Medicine; and William Levin, D. P. H., Director of Laboratories, State Board of Health, gave as his subject a talk on Prevention of Contagious Diseases. A special luncheon meeting of the State Organization of Public Health Nursing was held at the Graybelle Tea Room. Sara Place, Supt. Infant Welfare Society, Chicago, spoke on the Problems of Infant Welfare Work. Oregon nurses are dreaming of a combined annual meeting of the three organizations. Oregon State Graduate Nurses' Association newly elected officers: President, Margaret A. Tynan, 234 N. 19th St., Portland; vice presidents, Mary C. Campbell, Anne Schneider; secretary, Helen Swope, 711 Glisan St., Portland; treasurer, Mrs. Clara Motley-McCorkle; directors, Lenore Binns, Letha Humphrey and Mrs. Belle Badley. The League of Nursing Education did not hold an election as they are in the midst of re-organization.

Pennsylvania: The State Association will hold its annual meeting at the Benjamin Franklin Hotel, Philadelphia, October 25-29.

South Dakota: The South Dakota State Association met at Pierre, June 9-11. The State Examining Board having met the two days previous, eighty-eight nurses were able to attend the opening meeting which was held in the Senate Chamber of the State Capitol. Doctor Wilhite of the State School for the Feeble-minded spoke on What Shall We Do with the Feeble-minded? Miss Johnson spoke on Higher Education of Nurses. Miss Clapp of the American Nurses' Association was present and appealed, as always, to the higher spiritual qualities of the nurse. This meeting was followed by an informal reception at the St. Charles by the District Association. The following days were filled with instructive talks on public health, private duty and nursing education. Pierre doctors were generous with their time for talks and discussions. The wives of the doctors attended to the social and musical features. The State Department loaned speakers and the Sisters of St. Mary's Hospital gave the members a real welcome and a luncheon. Miss Clapp spoke often and helped bridge the distance between the State Association and the A. N. A. The same officers hold over, as there was not a quorum on the last day for voting. The next meeting will be held at the summer camp of the Public Health Tuberculosis Association in the Black Hills.

Tennessee: The annual meeting of the Tennessee State Nurses' Association will be held in Knoxville, October 11 and 12.

Vermont: The semi-annual meeting of the Vermont State Nurses' Association will be held at The Inn, Brandon, Tuesday, October 5.

Wisconsin: The Wisconsin State Nurses, the League of Nursing Education and the Public Health Organization will meet jointly in Madison, October 11, 12, 13. The first day will be taken by the Nurses' Organization, the second day will be given over to the League, and the third morning the Organization of Public Health will meet. The last afternoon will be given to the Private Duty Section. Mary C. Gladwin will be the main speaker for the League of Nursing Education.

District and Alumnae News

Illinois: Chicago.—Mrs. Susa P. Moore, after years of continuous service, has resigned as executive head of the editorial offices of *The Nation's Health*. Mrs. Moore will do independent writing.

Kansas: Wichita.—Ethel L. Hastings, formerly at Bethany Hospital, Kansas City, has been appointed Superintendent of Nurses, Wesley Hospital.

Massachusetts: Lawrence.—Betty Eicke has resigned her position at the Lawrence General Hospital to become Superintendent of the Norwood Hospital, Norwood.

Missouri: Kirksville. — The Nurses' Alumnae Association of the A. S. O. Hospital changed the usual form of annual meeting and met at the home of Isabelle Bead in Breckenridge, between August 16 and 20. The officers for the following year are: President, Anna Aydelotte; vice presidents, Agnes Anderson Grimm and Mrs. Amy Lee Shelton; secretary and treasurer, Theodora Wright. **St. Louis.**—Washington University School of Nursing is building a large addition to its

Nurses' Residence. It will provide accommodations for about four hundred residents. Some of the outstanding features will be new offices for the School, a library, class rooms, demonstration laboratories, dietetic laboratory, lounging and recreation rooms, infirmary and solarium.

New York: New York.—The New School for Social Research is offering as one of its winter courses one on The Personal and Social Aspects of Mental Hygiene by Dr. Frankwood E. Williams. **Oswego.**—The School of Nursing of the Oswego Hospital is being closed, the students being transferred to other schools, because of the lack of variety of experience for a well rounded training. **Rome.**—Jane Dickson has been appointed instructor at the School for Nurses of the Rome Hospital, coming from a similar position in the Park Clinical Hospital, Rochester. **Utica.**—District 7, at its annual meeting, held in September, at St. Elizabeth's Hospital, elected: President, Emily Hicks; vice presidents, Eva M. Schied, Elizabeth Lombard; secretary, Agnes Nichols; treasurer, Lena Plante. Anna O'Neil reported the biennial convention in Atlantic City.

Ohio: Cincinnati—Phoebe M. Kandel, after seven years of service in the School of Nursing and Health, University of Cincinnati, has resigned to take an indefinite rest. During the past two years in which Miss Kandel was director of the school, the curriculum was reorganized to bring about a better correlation of theory and practice and the maximum number of students was admitted.

Vermont: Burlington.—Agnes Abbott, for fifteen years supervisor of the private wards, Mary Fletcher Hospital, has resigned to go to South Africa. She is succeeded by Mae Spaulding. Mildred Whiting, Nursing Field Supervisor, American Red Cross, will make her headquarters in this city.

Too Late for Classification

Georgia: The State meeting will be held in Savannah, October 21-23.

New Jersey: The New Jersey State Nurses' Association will celebrate its twenty-fifth anniversary at its fall meeting in Camden, November 5. A fuller notice will appear in the November *Journal*.

Pennsylvania: The program for the State meeting will include,—*October* 25, Red Cross luncheon with an address by Miss Noyes; Legislative Session. *October* 26, Private Duty Section; visit to Sesqui-Centennial; evening meeting with addresses by Miss Turnbull, Miss Clayton, Miss Geister, Miss Allison, Doctor Bond. *October* 27, League Section with addresses by Miss Frost, Miss Lane, Doctor Allen, Doctor Starkey. *October* 28, Public Health Section, addresses by Miss Erskine, Miss Stevens, Miss Anderson, Miss Allen, Miss Ford, Miss Hills, Miss Donohoe and Doctor Hart.

West Virginia: An educational campaign has been carried on for several months with the twofold object of interesting high school graduates in nursing, and giving the public better knowledge of nursing. Katherine W. Jussila is Educational Director.

Deaths

Mae Barnes (class of 1914, Heaton Hospital, Montpelier, Vt.) on August 3, in Montpelier, from tuberculosis, after an illness of several years. Miss Barnes had been a private duty nurse and had also done institutional work in New York and Rhode Island.

Eileen Bowie (class of 1926, Post Graduate Hospital, New York City) on August 18, after a brief illness. Miss Bowie would have completed her training on October 1. She left behind her a wonderful record in her theoretical and practical work. She was possessed of a gentle religious spirit and had made plans last year to enter a convent but was advised to finish her training.

Mrs. B. S. Hitchcock (Emma Smith, class of 1915, Grady Hospital, Atlanta, Georgia) on September 7, after a short illness, at Grady Hospital, where she was a Supervisor. In her ten years of service she had been a public health, a private duty and an institutional nurse. In all of her work she was a success.

Sister Catherine Voth, on August 19, of embolism, following an operation for gall stones. Sister Catherine was, at the time of her death, Superintendent of Nurses, Bethel Deaconess Home and Hospital, Newton, Kansas. She had been "the most active and honored worker in the state,—a founder of the State Association and its honorary president; president of the Nurses' Examining Board. Sister Catharine attended the biennial convention at Atlantic City, but was taken ill on her return home. A letter which she wrote to the nurses of Kansas just before her operation ends with the plea: "Let love for God and kindness to humanity prompt your efforts and you will be a blessing to others and be blessed yourself." Kansas nurses have sustained a great loss.

About Books

PARENTHOOD AND THE NEWER PSYCHOLOGY. By FRANK HOWARD RICHARDSON, A.B., M.D. 200 pages. G. P. Putnam's Sons, N. Y. Price, $1.75.

SOME two hundred years ago Dryden wrote:

Men are but children of a larger growth,

and Dr. Richardson has emphasized this idea in his message to parents concerning their understanding and use of the "new" psychology which brings so many strange terms and unfamiliar phrases into its instructions.

Because the adult is irrational in his actions, still impulsively follows his emotions, still finds joy in phantasy, therefore it should be possible for him to sympathetically help the child to learn the self-control, the forethought and the acceptance of responsibility needed to make him a useful citizen in his community.

The author brings out clearly the difference between what is usually meant by a well disciplined man and a well disciplined child, the self-directed action of the one and the unquestioning obedience of the other, and raises the question whether there is a good chance of a development from such obedience, frequently induced by fear of punishment, to the dignified self-reliant attitude we admire in the mature person.

This little book is a sincere effort to carry out the dictum of the new psychology to make all directions positive, by telling parents what they should *do* rather than warning them of the awful horrors lying in wait for their children if they do not properly train them during the first years of life.

To a parent overwhelmed by the joyous responsibility of a new life intrusted to his care, this book brings a straightforward message of helpfulness, not overlooking the difficulties, but giving many suggestions that a conscientious intelligent person will find useful in creating in the home the atmosphere of happy sympathetic understanding in which children thrive and grow to noble manhood and womanhood.

New York MARTHA M. RUSSELL, R.N.

TALKS TO NURSES ON DIETETICS AND DIETOTHERAPY. By RUTH WHEELER AND HELEN WHEELER. 184 pages. W. B. Saunders and Company, Philadelphia. Price, $1.50.

DOCTOR Wheeler, in her "Talks to Nurses on Dietetics and Dietotherapy," has done a real service, not only to nurses, but to those who are concerned with their education. The sub-title, An Outline for Study from a New Approach, expresses what it attempts and very successfully accomplishes. In basis it is a simple, logical outline for the study of nutrition from the hospital point of view.

The general plan consists of a brief review of underlying principles driven home by direct application to the nurse herself. Her requirements in protein, ash and vitamins are worked out and made graphic by frequent queries such as:

Would 100 grams cooked oatmeal (20 grams raw), if substituted for one shredded wheat biscuit, give more, or less protein? More or less Calcium? Phosphorus? Iron, Vitamins?

The illustrations and exercises in the study of energy requirements for nurse and patient are equally effective, so that by practice the student acquires a real appreciation of food values and what an "adequate diet" should mean.

With the discussion of diet in disease, the "new approach" becomes evident. The emphasis is constantly back to fundamental principles, to the normal or general diet. It is from the hospital point of view that Doctor Wheeler's approach becomes especially significant. Too often has the dietetic care of the special diet patient meant primarily the

care of the emergency, rather than of his nutritional needs, with reference to his abnormality.

To those who have used Doctor Wheeler's classification in their teaching, the little book will come as a welcome friend. To those who have not, it is most heartily recommended.

DOROTHY STEWART WALLER.

Ann Arbor, Michigan

ADVISING THE TUBERCULOUS ABOUT EMPLOYMENT. By W. I. HAMILTON AND T. B. KIDNER. 171 pages. The Williams and Wilkins Company, Baltimore. Price, $2.

THIS book is of general interest and may be used as a text in the training of rehabilitation officers and as a reference by students of industrial hygiene or tuberculosis. Its authors are nationally known authorities on the subject of employment for the tuberculous. We find, therefore, in their book, not theory, but advice based upon practical and extensive experience. The authors state that

> The basis for vocational advisement and guidance is comprehensive knowledge of occupations and ability to estimate the capacities of individuals.

When we think of the factors in an occupation that have to be considered in its relation to a tuberculous patient and when we think also of the infinite variety of physical and mental conditions that have a bearing upon the "capacity" of a tuberculous patient, we seem to be facing a tremendous problem. The authors have made the problem seem no less complicated, but they have classified information and presented it in such a concrete way that we find a definite basis upon which to approach it.

To clear the path, common misconceptions are dealt with, such as climate, the menace of the patient in the shop, out-door work, and change of occupation. Outlines for the study of "health factors" in occupations and for getting general information on occupations and processes are presented. The importance of close medical supervision for the patient and of certain definite knowledge of tuberculosis on the part of the advisor are emphasized.

> Employment should not be sought for a handicapped person because of his *handicap*, but rather because of his *ability*,

is a statement worthy of considerable elaboration and application.

The conversational style makes the text easy to read and well told stories of special cases illustrate several points.

Chapter X tells of successful shops and colonies in which tuberculous patients are employed.

The nurse who has no contact with a rehabilitation service will find very definite principles to follow in her attempt to find work for tuberculous patients. Any public health or sanatorium nurse will profit by reading the book and will probably be impelled to follow up the excellent reference list in the last chapter.

ANNA DRAKE, R.N.

Cincinnati, Ohio

DIATHERMY WITH SPECIAL REFERENCE TO PNEUMONIA. By HARRY EATON STEWART, M.D. Second edition, revised. 228 pages. Illustrated. Paul B. Hoeber, Inc., New York. Price, $3.

TEXTBOOKS for physicians and nurses must of necessity treat their subject from different angles. This excellent little book should find a place amongst the reference books of any nurse interested in diathermy.

Dr. Stewart gives a good review of diathermy in general. He gives so simple an outline of the apparatus that the reader is neither confused nor discouraged by a multitude of physical details. However, he is very emphatic, and justly so, in regard to technic—

> It must be as exact as the technic of drug therapy or surgery.

Further, he clearly states why this exactness is necessary and what we may

expect to have happen if treatments are given in a haphazard manner.

Especially worth while are the facts under the heading, "The Milliampere Meter," dealing as it does with the size of the electrodes and the tissue density, in relation to the current strength. Equally important are his cautions; "prepare the patient mentally as well as physically for the treatments," and, "use special care in treating children," unconscious, delirious or restless patients.

With regard to treating pneumonia by means of diathermy, only a man who has carefully studied his subject, and who has unquestioned faith in the results of its application could write so modestly of it. At no time, does he claim it will cure, or prevent relapses, but he does state that the temperature begins to fall by lysis, and the heart and kidney functions tend to improve.

MYRA B. CONOVER, R.N.
Boston, Mass.

MATERIA MEDICA FOR NURSES. By LAVINIA L. DOCK, R.N., AND JENNIE C. QUIMBY, R.N. Eighth edition. Rewritten and revised according to the Standard Curriculum. Illustrated. 317 pages. G. P. Putnam's Sons, New York. Price, $2.25.

WHO has not heard the statement that nursing textbooks are much too scientific and far too technical for comprehension by the average nurse? This criticism could never be applied to Dock's "Materia Medica," just revised by Lavinia Dock and Jennie Quimby. The simple direct style employed by the authors disposes of such an idea immediately. As a matter of fact any lay person could take this book and with a little study become quite familiar with the subject presented.

It is compact, fairly well organized, and not overburdened with the strength and composition of every drug. Part I is a general discussion of drugs, whereas Part II is divided into chapters in accordance with the physiological systems of the body. Although chapters 4, 5, 6, 7 and 8 are labeled Anatomy and Physiology of the Digestive System, the Nervous System, the Circulatory System, the Respiratory Tract, and the Urinary Organs respectively, they discuss in the main, as you would expect from such a text, the drugs which act upon these systems. The other chapter captions explain themselves. Cathartics are arranged alphabetically under the larger division of laxatives, purgatives, etc. This arrangement will help the student materially in review exercises. Part III deals with subjects akin to Materia Medica, such as X-ray therapy, serums, drug legislation, etc.

Laboratory work is inferred in the section on solutions; however every teacher knows that laboratory work, or at least demonstrations in connection with each drug, would make the whole subject much more interesting. Still greater clearness could be obtained if the laboratory experiments brought out to a greater degree the relationship existing between chemistry and drugs.

There is every reason to believe that this book will find a coveted place in the nurse's personal library, not only as a text but also as a reference work.

STELLA ACKLEY, R.N., B.Sc.
Wauwatosa, Wis.

VENEREAL DISEASE MANUAL FOR SOCIAL AND CORRECTIVE AGENCIES. Issued by the Division of Venereal Disease of the United States Public Health Service.

THE Division of Venereal Disease of the United States Public Health Service has just issued a small volume, A Venereal Disease Manual for Social and Corrective Agencies.

The purpose of the book is to present to interested workers in all fields of social and health work the role played by the venereal diseases in causing

pathological changes, both mental and physical, and as they affect the social fabric generally.

Within the past ten years perhaps more effort has been devoted to the study of gonorrhea and syphilis than was ever put into any other group of the communicable diseases. There are four lines of attack on the venereal diseases. They are:

1. The discovery of the source of the infection and the provision of adequate treatment facilities for both private and indigent patients.
2. Educational measures directed toward prevention.
3. Legal measures which seek to remove vice of all kinds.
4. Protective and recreational measures.

This book should serve to emphasize the importance of the nurse, trained social worker, and others dealing with large groups in which anti-social conduct has been the means of exposing or the contracting of a venereal infection.

Study of this volume should aid one in understanding more thoroughly the insidiousness of gonorrhea and syphilis and create a desire to aid in their eradication and control.

WALTER M. BRUNET, M.D.
New York

"PRELIMINARY" QUESTIONS AND ANSWERS. Model Answers to Questions Set at the Preliminary State Examinations in Nursing. By FELICIE NORTON, S.R.N. 96 pages. Faber and Gwyer, Ltd. (The Scientific Press), London, England. Price, 1/6.

THIS little book contains review questions on elementary nursing. It has a preface which contains the following practical advice to those about to write State Board examinations:

(1) Read through all the questions.

(2) Pick out the one she feels she can answer best. (This will give her confidence.)

(3) Make rough notes; headings are sufficient.

The notes should be something like this: *"Mouth:* mastication, saliva, ptyalin, starch to sugar. *Stomach:* peristalsis, gastric juice, pepsin, proteins to peptones, hydrochloric acid, envelopes fat globules dissolved, chyme. *Duodenum:* pancreatic juice, trypsin; proteins to peptones, amylopsin: starch to sugar, steapsin: assists bile; bile emulsifies fats. Chyle. . ." and so on.

(4) Deal with each question in this way.

(5) Read notes over. Omissions (or, in the case of a nursing question, an unimportant symptom put before a more important one) will then be detected.

The candidate now feels that she has "broken the back" of her task, and she can forthwith take a fresh sheet of paper and settle down to writing her answers in full in the order in which the questions are put. The time spent in thinking out the answers in the manner suggested is well repaid. The nurse is less likely to leave out, or put in a wrong place, anything of importance than if she started writing out her answer straight away. The answer will gain in conciseness. As she thinks things out, making notes, the avenues of her knowledge will open one by one in a consecutive manner, and inspire her with the confidence which makes for success.

DIAGNOSTIC STANDARDS OF THE NATIONAL TUBERCULOSIS ASSOCIATION. Pulmonary and Glandular Tuberculosis. Sixth Edition.

WHILE this valuable booklet was prepared for the use of those who must diagnose tuberculosis, it contains much of value to the nurse who must forever be on the alert for early symptoms. It may be obtained from the executive secretary of any state tuberculosis association.

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